

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

11191

Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Frederick
City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lucy Ann Albaugh

3. (b) Social Security Number

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or Wm. H. Albaugh7. Birth date of deceased (mo., day, yr.) Sept 17 - 1855

8. AGE: Years 91 Months 2 Days 24 If less than one day hrs. min.

9. Birthplace Unknown
(Town, county, and state)10. Usual occupation Pitied11. Industry or business Unknown

MOTHER FATHER 12. Name Gabriel Stoen
13. Birthplace Unknown

14. Maiden name Unknown
15. Birthplace Unknown

16. Informant Mrs. Ann Albaugh
Address Walkersville, Md.

17. (Burial, cremation, or removal, where) Private Date thereof Dec. 13 1947
(month) (day) (year)
Cemetery or crematory Mt. Hope

Location Woodlawn, Md.
18. Funeral director M. S. Greager & Son
Address Thurmont, Md.

19. Date rec'd by registrar Dec. 13 1947
(Date rec'd by registrar) Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
City or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11 1947 at 130 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 9 1947 to Dec. 11 1947and that I last saw her alive on Dec. 10 1947Immediate cause of death MyoflexDURATION 9 daysDue to Due to Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE P. E. Easter DayM. D. or other Address Walkersville, Md. Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11192

CERTIFICATE OF DEATH

47d X
131B
Reg. Dist. No.

1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 2 Weeks

Hospital, institution, or street address where death occurred:

Crutchley Nursing Home

How long in hospital or institution?..... 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

County..... D. C.

City or town..... Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 3722-12th Street, N. E.

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (a) FULL NAME

MRS. ELIZABETH CHRISTINE ALLEN

4. Sex..... 5. Color or race..... 6.(a) Single, married, widowed, or divorced.....

Female..... White..... Widowed

6.(b) Name of husband or wife..... Louis M. Allen

7. Birth date of deceased (mo. day, yr.)..... May 18, 1868

6.(c) If alive, give age..... years

8. AGE: Years..... 79 Months..... 6 Days..... 29 If less than one day..... hrs..... min.....

9. Birthplace..... Washington, D. C.

(Town, county, and state)

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... John Weidman

13. Birthplace..... Germany

14. Maiden name..... Julia Weidman

15. Birthplace..... Ireland

16. Informant..... Mrs. Mary J. Dornheim

Address..... Mount Airy, Maryland

17. Burial..... Date thereof..... December 19, 1947

(Burial, cremation or removal Where?)

(month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Washington, D. C.

18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... 17 Dec 1947

(Date rec'd by registrar)

Elizabeth G. Hark
Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec. 17 1947 at 6 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 4 1947 to Dec. 17 1947

and that I last saw her alive on Dec. 17 1947

Immediate cause of death.....

Carcinoma of the Lung 1 m.

Due to.....

Primary.

Due to.....

Other conditions..... Gastroptosis.

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

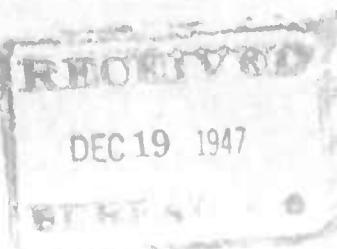
Means of injury.....

Injured at work?.....

23. SIGNATURE.....

M. D. or other.....

Address..... Frederick, Md. Date signed..... 12/17/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11193

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, Institution, or street address where death occurred:
West All Saint Street

How long in hospital or institution?

3. (a) FULL NAME
EDWARD EMORY ANZENGRUBER

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of ~~husband~~ or wife Rose Thomas

7. Birth date of deceased (mo., day, yr.) August 8, 1892 6. (c) If alive, give age 54 years

8. AGE: Years 55 Months 3 Days 24 If less than one day
 hrs. min.

9. Birthplace Adams-Pennsylvania
 (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER George A. Anzengruber
 13. Birthplace Frederick County Maryland

MOTHER Emma Goodermuth
 15. Birthplace Adams County Pennsylvania

16. Informant Mrs. Rose Anzengruber
 Address 213 E. Railroad St., Gettysburg,

Burial Burial Date thereof 12/5/47
 (Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or Evergreen Cemetery
 Location Gettysburg, Pennsylvania

18. Funeral director Bender Funeral Home
 Address Gettysburg, Pennsylvania

19. 3 Dec 1947 Elizabeth L. Heck
 (Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Pennsylvania County Adams

City or town Gettysburg
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 213 East Railroad Street
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number 176-07-9682

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1947 at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

12-2 1947 12-2 1947

and that I last saw him alive on 12-2 1947

Immediate cause of death

Coronary Thrombosis

DURATION

1 day

Due to

Due to

Other conditions

(Includes pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Par.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

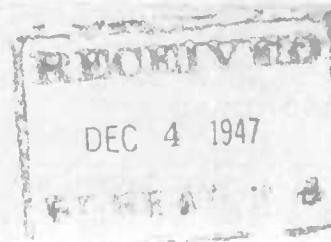
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. J. Baumer Jr. M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-2-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11194

CERTIFICATE OF DEATH

131a
Reg. Dist. No. 131

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

2 days

Hospital, Institution, or street address where death occurred:.....

Fred C. Emergency Hospital

How long in hospital or institution?.....

2 days

3. (a) FULL NAME

George W. Barkdoll

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white

Widowed

6. (b) Name of husband or wife.....

Cora (Marken)

7. Birth date of deceased (mo., day, yr.)

August 13, 1884

6. (c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

63

4

1

hrs.

min.

9. Birthplace.....

Wolfsville, Fred. Md.

(Town, county, and state)

10. Usual occupation.....

Day Laborer

11. Industry or business

Farm Laborer

12. Name.....

Geo. W. Barkdoll

13. Birthplace.....

Md.

14. Maiden name.....

Margaret A. Wolfe

15. Birthplace.....

Md.

16. Informant.....

Fred W. Barkdoll

Address.....

Middletown, Md.

17. Burial.....

Burial

Date thereof Dec 17, 1947

(month) (day) (year)

(Burial, cremation, or removal, which)

St. Mark's Lutheran

Cemetery or crematory.....

Wolfsville, Md.

Location.....

Wolfsville, Md.

18. Funeral director.....

Paul F. Biddle

Address.....

Myersville, Md.

19. 17 Dec

(Date rec'd by registrar)

1947

Elizabeth G. Hecks.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland

County.....

Frederick

City or town.....

Wolfsville

(Outside city or town limits, write RURAL and give nearest town)

Street No.....

Near Myersville

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

✓

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec 14

1947 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 16 to Dec 14 1947

and that I last saw him alive on Dec 13 1947

Immediate cause of death.....

Cardio-Renal-Vascular
disease

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE

J. E. H. Biddle

M. D. or other

Address.....

Date signed 12-15-47

RECORDED

DEC 19 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11195

131a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 29 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Joseph E. Baugher

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male white married

6. (b) Name of ~~husband~~ wife Anna SummersBaugher6. (c) If alive, give age 65 years7. Birth date of deceased (mo. day. yr.) April 6, 18788. AGE: Years 69 Months 7 Days 26 If less than one dayhrs. 5 min. 09. Birthplace Walkersville, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name John J. Baugher13. Birthplace Walkersville, Md.14. Maiden name Sarah J. Hankle15. Birthplace Walkersville, Md.16. Informant Roy BaugherAddress Frederick, Md.17. Burial Burial Date thereof Dec. 5, 1947

(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory Ch. of Bethlehem CemeteryLocation Harmony18. Funeral director Eladhill C.Address Middleton, Md.19. Date rec'd by registrar Dec. 5, 1947(Date rec'd by registrar) Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County FrederickCity or town Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. no

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 3, 1947 at 11:15 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 19, 46 to Dec. 3, 1947and that I last saw him alive on Dec. 2, 1947

Immediate cause of death

Cardio. Renal. Vascular diseaseDue to 1 yr.

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

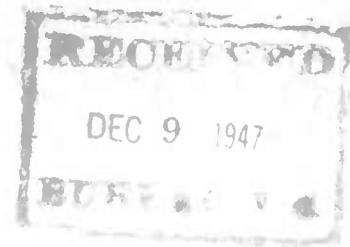
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. E. Baugher, Md. M. D. or otherAddress Middleton Date signed Dec. 4, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11196

CERTIFICATE OF DEATH

131

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
Frederick
County
Frederick
City or town

(If outside city or town limits, write RURAL and give nearest town) 45 Years

How long in above place of death? 45 Years
Hospital, institution, or street address where death occurred:
229 South Market Street

How long in hospital or institution?

3. (a) FULL NAME
JOHN THOMAS BEST, SR.

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

B. (b) Name of husband or wife Hester Hallar

7. Birth date of deceased (mo., day, yr.) March 7, 1874

6. (c) If alive, give age 62 years

8. AGE: Years 73 Months 9 Days 15 If less than one day
hre. min.

9. Birthplace Frederick Junction-Frederick-Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business John T. Best

MOTHER FATHER
12. Name John T. Best
13. Birthplace Frederick County Maryland

14. Maiden name Margaret Dorsey
15. Birthplace Frederick County Maryland

16. Informant Mrs. Hester Best
Address 229 S. Market St., Frederick, Md.

17. Burial Date thereof 12/24/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Mount Olivet Cemetery

Cemetery or Necemtary Frederick, Maryland
Location

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 23-Dec 1947
(Date rec'd by registrar) Elizabeth Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Maryland County
Frederick

City or town (If outside city or town limits, write RURAL and give nearest town)
229 South Market Street

Street No. (If rural, give LOCATION)
None

2.(a) If veteran, name war...

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 22nd 1947 12:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 16 December 1947, to 22 December 1947 and that I last saw him alive on 22 December 1947.

Immediate cause of death Acute Pulmonary Edema
DURATION 12 hrs.

Due to Atrial Fibillation 1 week

Due to Arterio-sclerotic heart disease 3+ years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

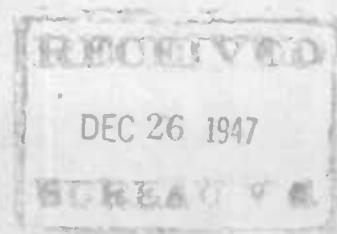
Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE Charles W. Corley, Jr., M.D.
or other

Address Frederick, Maryland Date signed 12-22-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11197

52a+

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
Frederick
County
Frederick
City or town
(if outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

EFFIE ADELLA CRAWFORD BLUBAUGH

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Norman H. Blubaugh

7. Birth date of deceased (mo., day, yr.) Unknown 6. (c) If alive, give age 47 years

8. AGE: Years 58 Months ? Days 1889 If less than one day hrs. min.

9. Birthplace Carroll County Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Norman H. Blubaugh

17. Address 1214 N. Market St., Frederick, Md.

Burial Date thereof 12/26/47
(Burial, cremation, or removal: When?) (month) (day) (year)

Cemetery or cemetery Near New Windsor, Maryland

Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland

Address

19. Date rec'd by registrar 23-Dec 1947

Elizabetta Y. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(if outside city or town limits, write RURAL and give nearest town)

Street No. 1214 North Market Street
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 23rd 1947 12:35P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

October 1947 to December 1947

and that I last saw her alive on December 22 1947

Immediate cause of death

Carcinoma Lung (Bi-lateral) DURATION

Due to Metastasis from Hyper nephroma Right kidney

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

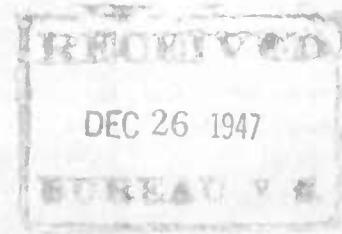
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard W. Heck M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-24-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11198

CERTIFICATE OF DEATH

83a
Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick
CountyFrederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 Years

Hospital, institution, or street address where death occurred:
Linden Hills

How long in hospital or institution?.

3. (a) FULL NAME

JOHN ROBERT BRANDENBURG

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

6. (b) Name of husband or wife

Laura Sheeler

7. Birth date of deceased (mo., day, yr.)

April 1, 1873

6. (c) If alive, give age 72 years

8. AGE:

Years
74Months
8Days
16If less than one day
hrs.

min.

9. Birthplace

Harmony-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Blacksmith

11. Industry or business

William Brandenburg

MOTHER FATHER

Frederick County Maryland

14. Maiden name

Ida Taylor

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Laura Brandenburg

Address

R. F. D. #5, Frederick, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof 12/20/47
(month) (day) (year)

Pleasant Hill Cemetery

Location

Near Monrovia, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 19 Dec 1947
(Date rec'd by registrar)Eligabeth L. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Frederick

Frederick-Rural R. F. D. #5
(If outside city or town limits, write RURAL and give nearest town)

Linden Hills

Street No. (If rural, give LOCATION)

None
2.(a) If veteran, name war.

3. (b) Social Security Number

220-18-1738

MEDICAL CERTIFICATION

20. DATE OF DEATH December 17th 1947 at 11:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 1 1947 to Dec. 17 1947

and that I last saw him alive on Dec. 17 1947

Immediate cause of death

Cerebral hemorrhage

DURATION

24 hrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

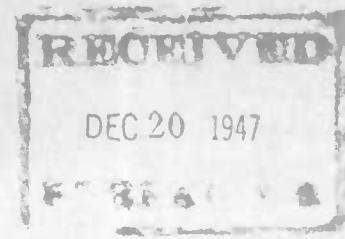
Bob Thomas

M. D.

M. D. or other

Frederick, Maryland

Date signed 12-18-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11199131
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
County..... Frederick
City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 6 Months

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?..... 7 Weeks

3. (a) FULL NAME

MRS. FLORENCE A. BROWN

4. Sex..... Female 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Widowed

6. (b) Name of husband or wife..... John W. Brown

7. Birth date of deceased (mo., day, yr.)..... February 6, 1858

8. AGE: Years..... 89 Months..... 10 Days..... 2 If less than one day..... hrs..... min.....

9. Birthplace..... Orange, Virginia
(Town, county, and state)

10. Usual occupation..... Housekeeper

11. Industry or business

12. Name..... John Noland

13. Birthplace..... Madison Run, Va.

14. Maiden name..... Florence Amos

15. Birthplace..... Madison Run, Va.

16. Informant..... Mr. Wade E. Brown

Address..... 9 E. South St., Frederick, Md.

17. Burial..... Date thereof..... December 11, 1947
(Burial, cremation, or removal. When?)

Cemetery or crematory..... Edge Hill Cemetery

Location..... Charlestown, W. Va.

18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... 9 Dec 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... W. Va. County..... Jefferson

City or town..... Charlestown
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 8th 1947 at 11:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947 to 1947, Dec 8, 1947, and that I last saw her alive on

1947, Dec 8, 1947.

Immediate cause of death..... Myocardial Failure

Due to..... Fracture left femur

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Accident Date of prior to death

Where did injury occur?..... Frederick

(City or town) (County) (State)

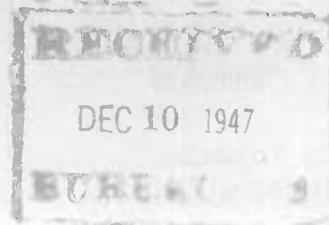
Injured at home, farm, industry, public place (where?)..... home of son

Means of injury..... fell to floor (12648) injured at work

23. SIGNATURE..... Howard W. Cline

M. D. or other

Address..... Frederick, Md. Date signed..... 12/9/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The following age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

11200

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH: Frederick
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 3 years
 Hospital, Institution, or street address where death occurred:
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 Maryland.....
 County.....
 City or town.....
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME
 JAMES T.
 4. Sex
 Male | 5. Color or race
 White | 6.(a) Single, married, widowed, or divorced
 Widowed
 6.(b) Name of husband or wife.....
 Florence I. Burdette
 deceased
 7. Birth date of
 deceased (mo., day, yr.)
 Feb'y 6, 1870
 8. AGE: Years
 77 | Months
 10 | Days
 22 | It less than one day
 hrs. min.
 9. Birthplace.....
 Howard Co. Maryland
 (Town, county, and state)
 10. Usual occupation.....
 Farmer retired
 11. Industry or business.....
 William Burdette
 12. Name.....
 13. Birthplace
 Maryland
 ? Cushion
 Maryland
 14. Maiden name.....
 15. Birthplace.....
 Mrs. Alvie Franklin
 16. Informant.....
 Westminster, Md.
 Address.....
 Burial
 17. (Burial, cremation, or removal, which)
 Date thereof.....
 Locust Grove
 Cemetery or crematory.....
 Frederick Co. Maryland
 Location.....
 18. Funeral director.....
 C. M. Waltz
 Winfield, Md.
 Address.....
 19. Jan 4 1948
 Date rec'd by registrar.....

3. (b) Social Security Number
 Burdette
 MEDICAL CERTIFICATION
 20. DATE OF DEATH.....
 Lee, 28 1947 at 6 A.M.
 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
 Lee 1 1947 to Lee 27 1947
 and that I last saw h...mg. alive on 12-27 1947
 Immediate cause of death.....
 Cerebral hemorrhage
 Due to.....
 Cerebral hemorrhage
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)
 Major findings at operations.....
 Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause in which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur?.....
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?.....
 23. SIGNATURE.....
 J. H. Legg
 M. D. or other
 Address..... Union Bridge..... Date signed 12-28-47

RECEIVED

JAN 7 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

11201

34

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Rural, Emmitsburg, Md. R.D.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 75 years

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Anna Marie Butler4. Sex Fm 5. Color or race Negro 6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife

6.(c) If alive, give age years7. Birth date of deceased (mo. day, yr.) October 22, 18728. AGE: Years 75 Months 1 Days 14 If less than one day hrs. min.9. Birthplace Frederick Co., Md.
(Town, county, and state)10. Usual occupation Housekeeper11. Industry or business Augusta Butler12. Name Augusta Butler13. Birthplace Frederick Co., Md.14. Maiden name Louise Hendrick15. Birthplace Frederick Co., Md.16. Informant Ms. Marie RichardsonAddress Emmitsburg, Md.17. Burial Date thereof Dec. 9, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Anthony Shrine CemeteryLocation Emmitsburg, Md.18. Funeral director J. L. AllisonAddress Emmitsburg, Md.19. Date rec'd by registrar Dec 8 1947 M. F. Shuff
(Date rec'd by registrar) Reg. No. Address Emmitsburg Date signed 12-6-47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Rural
(If outside city or town limits, write RURAL and give nearest town)Street No. Emmitsburg, Md. R.D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 6 1947 at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that attended deceased from

1945 1945 to Dec 6 1947and that I last saw her alive on Dec 5 1947

Immediate cause of death

Arteriosclerotic Cardiovascular disease - several years

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

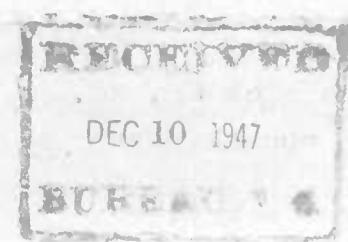
Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE W.R. Castle MD M. D. or otherAddress Emmitsburg Date signed 12-6-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1700

11202

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
State Highway Route 40-A

How long in hospital or institution?

3. (a) FULL NAME
CHARLES SAMUEL CALHOUN

4. Sex: M | 5. Color or race: W | 6. (a) Single, married, widowed, or divorced: M

6. (b) Name of husband or wife: Pauline Sutizer

7. Birth date of deceased (mo., day, yr.): February 1, 1886

8. AGE: Years: 61 | Months: 10 | Days: 13 | If less than one day: hrs. min.

9. Birthplace: Mount Crawford-Rockingham-Va.
(Town, county, and state)

10. Usual occupation: Insurance Agent

11. Industry or business: Peoples Life Insurance Co.

12. Name: James Calhoun

13. Birthplace: Rockingham, Virginia

14. Maiden name: Martha Crabbill

15. Birthplace: Rockingham County Virginia

16. Informant: Mrs. C. S. Calhoun

Address: 31 E. Washington St., Hagerstown

17. Burial: Date thereof: 12/17/47
(Burial, cremation, or removal. Which?)

Cemetery or crematory: Rest Haven Cemetery

Location: Hagerstown, Maryland

18. Funeral director: Andrew K. Coffman

Address: Hagerstown, Maryland

19. Date rec'd by registrar: 15 Dec 1947

Signature: Elizabeth G. Heck. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland | County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No: 31 East Washington Street
(If rural, give LOCATION)

None

2. (a) If veteran, name war.

3. (b) Social Security Number: 244-09-2570

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 14 1947 at 2:07 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

dead 19 to 19, and that I last saw h. l. [unclear] alive on Dec 14 1947

Immediate cause of death: Fracture of skull

Compound fracture of left arm

arm, extensive injury

Due to: To left chest, fractured, hemorrhage

Due to: Spine, hemorrhage

Other conditions: (Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results: MD.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Auto accident Date of 12/14/47

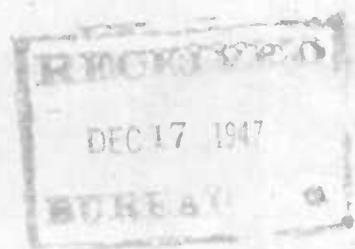
Where did injury occur? Route 40A, Frederick, Md. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 40 A.

Means of injury: Auto accident Injured at work? No

23. SIGNATURE: R. W. Baer, Deputy M. D. Ex.

M. D. or other: Frederick, Md. Date signed 12/14/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11203

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick

County

Frederick-Rural R. F. D. #5

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

State Highway Route -40A

How long in hospital or institution?

3. (a) FULL NAME

JERRY LEON CROUSE

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

January 13, 1942

years

8. AGE:

Years Months Days If less than one day

5

11

8

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

12. Name

Charles E. Crouse

13. Birthplace

Frederick County Maryland

14. Maiden name

Florabell Corun

15. Birthplace

Frederick County Maryland

16. Informant

Charles E. Crouse

Address

R. F. D. #5, Frederick, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof (month) (day) (year)

Mount Olivet Cemetery

Cemetery or crematory

Frederick, Maryland

Location

M. R. Etchison and Son

18. Funeral director

Frederick, Maryland

Address

19. 22 Dec 1947
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

Frederick

City or town

Frederick-Rural R. F. D. #5

County

Street No.

Near Frederick

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 21, 1947, 1:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on December 21, 1947.

Immediate cause of death

Failure of heart

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, list the following:

Accident, suicide, or homicide Date of 12-21-47

Where did injury occur? Route 10A Frederick Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Injured at work

Means of injury

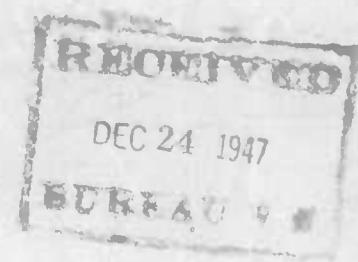
Cause

Deputy Medical

Examiner

M. D. or other

23. SIGNATURE R. W. Barr
Address Frederick, Maryland Date signed 12-21-47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11204

139

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County **Frederick**
 City or town **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since 8/22/47**

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? **Since 8/22/47**

3. (a) FULL NAME

Samuel M. Dean

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widower

6. (b) Name of husband or wife

6. (c) If alive, give age **years**7. Birth date of deceased (mo. day. yr.) **October 6, 1881**

8. AGE:

Years **66**Months **2**Days **3**

If less than one day

hrs. **.....** min. **.....**9. Birthplace **Taylor's Island, Maryland**

(Town, county, and state)

10. Usual occupation **Carpenter**

11. Industry or business

12. Name **William L. Dean**13. Birthplace **Taylor's Island, Md.**14. Maiden name **Lavinia Dunnock**15. Birthplace **Taylor's Island, Md.**16. Informant **Mrs. Louise D. Satterfield**
(daughter)Address **13 Baker St., Edgewood, Maryland**17. Removal **Removed**
(Burial, cremation, or removal. Which?)Date thereof. **.....** (month) **.....** (day) **.....** (year)

Cemetery or crematory

Location **Cambridge, Md.**18. Funeral director **M. L. Creager & Son**Address **Thurmont, Maryland**19. Dec. 10 **19 47**
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Harford**City or town **Edgewood**
(If outside city or town limits, write RURAL and give nearest town)Street No. **13 Baker St.**
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

212-12-9906

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 9****19 47**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 22 **19 47** to **Dec. 9** **19 47**and that I last saw him **alive** on **December 9** **19 47**

Immediate cause of death

Pulmonary Tuberculosis

DURATION

16 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? **.....** (City or town) **.....** (County) **.....** (State)

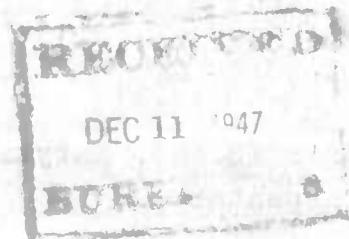
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

R. W. BalesM. D. **XXXXX**Address **State Sanatorium, Md.** Date signed **12/10/47**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct size is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11205
Reg. Dist. No. 139

1. PLACE OF DEATH:

County. **Frederick**City or town. **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? **Since 4/10/45**Hospital, institution, or street address where death occurred: **Maryland Tuberculosis Sanatorium**How long in hospital or institution? **Since 4/10/45**

3. (a) FULL NAME

Velma Deck

4. Sex

Female

5. Color or race

White

8. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

6. (c) If alive, give age **years**7. Birth date of deceased (mo. day. yr.) **March 2, 1922**8. AGE: Years **25** Months **9** Days **6** If less than one day
hrs. **0** min. **0**9. Birthplace **Mercersburg, Pa.**
(Town, county, and state)10. Usual occupation **Housekeeper**

11. Industry or business

12. Name **Joseph Deck**13. Birthplace **Pennsylvania**14. Maiden name **Goldie Deck**15. Birthplace **Pennsylvania**16. Informant **Miss Ethel Middlekauff**Address **Hagerstown, Maryland**17. **Burial** Date thereof **Dec. 11, 1947**
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory **Stenger Hill Cem.**Location **Fort Loudon, Pa.**18. Funeral director **M.L. Creager & Son**Address **Hagerstown, Md.**19. Dec. **8** 19 **47**

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland** County **Washington**City or town **Hagerstown**
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 8** 19 **47** at **1:45 A.M.**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **April 10** 19 **45** to **Dec. 8** 19 **47**
and that I last saw her **alive** on **December 8** 19 **47**Immediate cause of death **Lung Abscess**DURATION **38 MOS.**XXXX **Pulmonary Tuberculosis** 12 MOS.Due to Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op. Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE **R. B. Saenger** M. D. **Dec. 8, 1947**Address **State Sanatorium, Md.** Date signed **12/8/47**

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

11206

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH: Frederick
County. FrederickCity or town. Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 4 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State. Maryland County. Frederick

City or town. Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 109 College Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war. None

3. (a) FULL NAME

EUGENE EDWARD DEVEREAUX

3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced S

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) July 5, 1897
6. (c) If alive, give age years

8. AGE: Years 50 Months 5 Days 4 It less than one day hrs. min.

9. Birthplace. Baltimore, Maryland
(Town, county, and state)

10. Usual occupation. Bookkeeper

11. Industry or business

12. Name. Thomas E. Devereaux

13. Birthplace. Baltimore, Maryland

14. Maiden name. Ella Smith

15. Birthplace. Baltimore, Maryland

16. Informant. Vincent DeP. Devereaux

Address 109 College Ave., Frederick, Md

17. Burial Date thereof. 12/11/47

(Burial, cremation, or removal, which) (month) (day) (year)

Cemetery or cemetery St. Johns Cemetery

Location. Frederick, Maryland

18. Funeral director. M. R. Etchison and Son

Address Frederick, Maryland

19. 10 Dec 1947 (Date rec'd by registrar)

Elizabeth J. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH. December 9, 1947, at 12:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 8 - 1947, to Dec 9 - 1947
and that I last saw h... in alive on Dec 9 1947

Immediate cause of death

Cerebral Hemorrhage

Due to Hypertension

Due to Cerebral Vascular Disease

Due to Disease

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

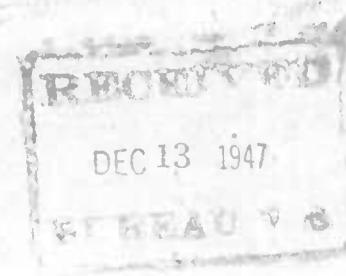
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE. H. Lawrence Faherty, M.D.

M. D. or other
Address Frederick, Maryland Date signed 12-10-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

926
11207
Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick
County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
Lifetime
How long in above place of death?.....
Hospital, Institution, or street address where death occurred: 126 South Market Street
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 126 South Market Street
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3. (a) FULL NAME

BERNARD JORDAN EADER

3. (b) Social Security Number
215-05-3729 A

4. Sex..... Male Color or race..... White 6.(a) Single, married, widowed, or divorced..... Married

6.(b) Name of husband or wife..... Blanche Goodman Eader

7. Birth date of deceased (mo., day, yr.)..... March 8-1872
6.(c) If alive, give age..... 72 years

8. AGE: Years..... 75 Months..... 8 Days..... 29 If less than one day..... hrs..... min.....

9. Birthplace..... Frederick County, Maryland
(Town, county, and state)

10. Usual occupation..... Retired

11. Industry or business..... Supt. Life Insurance Company

MOTHER FATHER 12. Name..... Augustus L. Eader

13. Birthplace..... Frederick County, Maryland

MOTHER 14. Maiden name..... Annie Mann

15. Birthplace..... Ohio

16. Informant..... Mrs. B. J. Eader

Address..... 126 S. Market St.-Frederick, Md.

17. Burial..... Date thereof..... Dec. 9-1947
(Burial, cremation, or removal, when?) (month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... C. E. Cline and Son

Address..... Frederick, Maryland

19. 9-Dec..... (Date rec'd by registrar) 19.47..... Elizabeth L. Heile.....
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Dec. 7th, 19.47, at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1st, 19.47, to Dec. 7th, 19.47, and that I last saw him alive on Dec. 5th, 19.47.

Immediate cause of death..... Cardiac Dilatation

Due to..... Mitral Regurgitation

Due to..... Endocarditis secondary to Rheumatic Fever

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... Robert S. Lyon..... M. D. or other

Address..... Frederick, Md..... Date signed..... Dec. 8/47

RECEIVED

DEC 10 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11208

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? 1 Day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 104 North Market Street
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME
MARY BARBARA EISENHAUER

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife.....
7. Birth date of deceased (mo., day, yr.) 7 1866
6.(c) If alive, give age years

8. AGE: Years	Months	Days	If less than one day
81	?	?hrs. min.

9. Birthplace Frederick, Maryland
(Town, county, and state)

10. Usual occupation Proprietress

11. Industry or business China Store

MOTHER FATHER
12. Name John Eisenhauer

13. Birthplace Alsace Lorraine, France

14. Maiden name Margaret Whaner

15. Birthplace Frederick, Maryland

16. Informant Mrs. Ira J. McCurdy

Address Frederick, Maryland

17. Burial Date thereof December 15, 1947
(Burial, cremation, or removal. When?) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 13-Dec-47 1947
(Date rec'd by registrar) Elizabeth G. Hedges
Registrar

3. (b) Social Security Number None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 11th 1947, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 11, 1947, to Dec 11, 1947, and that I last saw her alive on Dec 11, 1947.

Immediate cause of death Coronary or clausure

Due to Hypertension

Due to Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

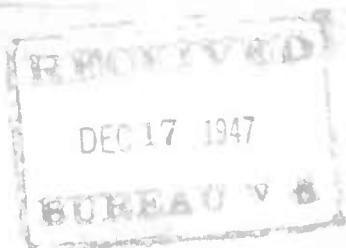
22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?
Signature P. W. Baer
Address Frederick, Maryland
M. D. or other
Date signed 12-13-47

23. SIGNATURE P. W. Baer
Address Frederick, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11269

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:

County

Frederick
BrunswickCity or town
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

413 2nd Ave.

How long in hospital or institution?

3. (a) FULL NAME

John Hamilton Hahn Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec. 28th 1947

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

9. hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

John H. Hahn

Maryland

13. Birthplace

Blacksburg, Virginia

14. Maiden name

Blanche Virginia Gruye

15. Birthplace

Virginia

16. Informant

John H. Hahn

Towson, Md.

Address

Baltimore, Md.

17. Burial

Date thereof

Dec. 29, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Park Heights

Location

Baltimore, Md.

18. Funeral director

C. H. Galt & Son

Address

Baltimore, Md.

19. Date rec'd by registrar

Dec. 29, 1947

Kathryn H. Brown

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No.

413

2nd Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 28 1947 at 11:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 28 1947 to Dec. 28 1947

and that I last saw him alive on Dec. 28 1947

Immediate cause of death

Ruptured

DURATION

Due to

Cleft palate.

Due to

New born

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John H. Hahn, Jr.

M. D. or other

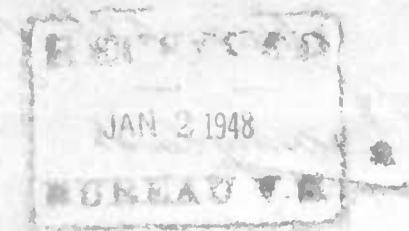
Address: Baltimore, Md. Date signed: Dec. 29, 1947

8461
W. 12/28/47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct use of punctuation and spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-24-15



Evidence for the change of date of birth and the occupation of the deceased shown 2411 N. Charles St., Baltimore on G114 12/23/47

MARYLAND STATE DEPARTMENT OF HEALTH

11210

131a

CERTIFICATE OF DEATH

Reg. Dist. No.

145 -

1. PLACE OF DEATH:

County. Frederick

City or town. Rural Smithburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 weeks

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Archie D. Hayes

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Roselena Hayes

7. Birth date of deceased (mo., day, yr.) Jan. 11/18/29 8. (c) If alive, give age 48 years
1903

8. AGE: Years 44 Months 10 Days 198 If less than one day hrs. min.

9. Birthplace Halfsville, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Mill Worker

11. Industry or business CAR ENTER

12. Name Oscar Hayes

13. Birthplace Halfsville

14. Maiden name Lizzie Longman

15. Birthplace Halfsville

16. Informant Roselena Hayes

Address Smithburg

17. Burial Date thereof Dec. 16, 1947
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Halfsville

18. Funeral director Gladhill Co.

Address Middletown Md.

19. Date Dec. 10 1947 Dec. 10 1947 Dec. 10 1947
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick

City or town. Rural Smithburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

214-16-0541

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 7 1947 at 10:30 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept. 20th 1947 to Dec. 7th 1947.

and that I last saw him alive on Dec. 7th 1947.

Immediate cause of death Arteriosclerosis

(Malignant Type) & Renal Decompensation

DURATION 3 mos.

Due to Hypertension
& Arteriosclerosis

2 yrs. + ?

Due to.

Other conditions.

(Include pregnancy within 8 months of death)

Major findings of operations.

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE. Frank F. Shopp, M.D. M. D. or other

Address 10977 Blawie St. Hagerstown Md. Date signed 12/19/47

RECEIVED

DEC 12 1947

RECORDED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11211

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, Institution, or street address where death occurred:

213 East Sixth Street

How long in hospital or institution?

3. (a) FULL NAME

LEWIS WILLIAM HEFFNER

4. Sex

5. Color or race

8. (a) Single, married, widowed, or divorced

M

W

M

8. (b) Name of wife

Della G. Cooper

7. Birth date of deceased (mo., day, yr.)

February 2, 1899

8. (c) If alive, give age 42 years

8. AGE:

Years

Months

Days

It less than one day

48 10 7 hrs. min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Operated Own Garage

11. Industry or business

MOTHER FATHER

Elmer U. Heffner

12. Name

Frederick County Maryland

13. Birthplace

Florence Sulcer

14. Maiden name

Frederick County Maryland

15. Birthplace

Mrs. Della Heffner

16. Informant

213 E. 6th St., Frederick, Md.

Address

Burial

Date thereof

12/12/47

(Burial, cremation, or removal, when?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 10 Dec 1947

Elizabeth B. Tech.

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

Frederick

County

City or town

Frederick

Street No.

213 East Sixth Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH December 9, 1947, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1947, to Dec. 9th, 1947, and that I last saw him alive on Dec. 9th, 1947.

Immediate cause of death

Pulmonary & pleural

DURATION

one year

Due to

Pneumonia

10 years

Due to

Pneumonia

5 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

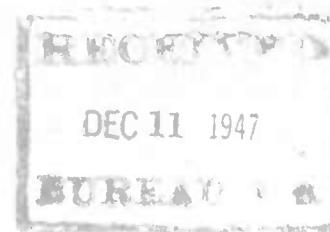
23. SIGNATURE

Frank H. Heffner M. D.

M. D. or other

Frederick, Maryland

Date signed 12-10-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11212

CERTIFICATE OF DEATH

161a
Reg. Dist. No. 131

1. PLACE OF DEATH:

County

Frederick

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

2 days

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

Born here

3. (a) FULL NAME

Claude Franklin Heflin Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Infant

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec. 5th 1947

6. (c) If alive, give age years

8. AGE:

Years

0

Months

0

Days

2

It less than one day

12

hrs.

30

min.

9. Birthplace

Maryland

(Town, county, and state)

None

10. Usual occupation

11. Industry or business

Mother Father

Name

12. Name

13. Birthplace

West Virginia

14. Maiden name

Francis Louise Toulton

15. Birthplace

Virginia

16. Informant

Mary P. Toulton

Address

Knoxville Md.

17. Burial

Refrain

Cemetery or cemetery

Knoxville Md.

Location

6 N. 7th St. 1300

18. Funeral director

Brunswick Md.

Address

Elizabetta L. Heflin

19. 9-Dec

1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Knoxville

(If outside city or town limits, write RURAL and give nearest town)

Street No.

326 62

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec. 8. 1947, at 5:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 5. 1947, to Dec. 8. 1947 and that I last saw deceased alive on December 5. 1947

Immediate cause of death

Aphyseation of the heart
Cardiac in origin

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard W. Ash M.D. M. D. or other

Frederick, Md. 12/8/47 Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11213

CERTIFICATE OF DEATH

940
Reg. Dist. No. 131

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
838 North Market Street
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 838 North Market Street
(If rural, give LOCATION)
None

3. (a) FULL NAME
GEORGE BROSS HOKE

3. (b) Social Security Number
None

4. Sex: M Color or race: W (a) Single, married, widowed, or divorced: M
6. (b) Name of husband or wife: Mildred R. Smith
7. Birth date of deceased (mo., day, yr.): November 11, 1872
6. (c) If alive, give age: 46 years
8. AGE: Years: 75 Months: 0 Days: 25 If less than one day: hrs. min.
9. Birthplace: Frederick-Frederick-Maryland
(Town, county, and state)
10. Usual occupation: Insurance Agent

11. Industry or business: George Hoke
12. Name: George Hoke
13. Birthplace: York County Pennsylvania
14. Maiden name: Catherine Bross
15. Birthplace: York County Pennsylvania
16. Informant: Mrs. Mildred Hoke

Address: 838 N. Market St., Frederick, Md.
17. Burial: Date thereof: 12/8/47
(Burial, cremation, or other) Mount Olivet Cemetery
Cemetery or crematory: Mount Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland

19. S. Dee 1947
(Date rec'd by registrar) Elizabeth L. Heck
Registrar

MEDICAL CERTIFICATION
20. DATE OF DEATH: December 5th, 1947, at 11:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ to _____, and that I last saw him DEAD December 5, 1947
Immediate cause of death: Coronary Occlusion
DURATION: immediate
Due to: _____
Due to: _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings of operations: _____
Date of op.: _____

Autopsy results: _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: _____ Date of: _____
Where did injury occur? _____ (City or town) _____ (County) _____ (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury: _____ Injured at work? _____
Signature: P. W. Barr Deputy Medical Examiner
Address: Frederick, Maryland M. D. or other: _____
Date signed: 12-5-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

121

CERTIFICATE OF DEATH

11214

131

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

CATHERINE VIRGINIA HOLLAND

Mrs Catherine Holland

4. Sex

F

5. Color or race

C

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Irvin P. Holland

7. Birth date of deceased (mo., day, yr.)

May 20, 1903

6. (c) If alive, give age

45

years

8. AGE:

Years

Months

Days

If less than one day

44

7

1

hrs.

min.

9. Birthplace

(Town, county, and state)

Flint Hill-Frederick-Maryland

10. Usual occupation

At Home

11. Industry or business

MOTHER

John A. Lee

12. Name

Frederick County Maryland

13. Birthplace

Annie Gibson

14. Maiden name

Frederick County Maryland

15. Birthplace

Irvin P. Holland

16. Informant

Flint Hill, Maryland

17. Burial

(Burial, cremation, removal, which?)

Date thereof

12/24/47

(month) (day) (year)

Cemetery or crematory

Hope Hill Cemetery

Location

Near Urbana-Frederick Co., Md.

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Dec 22, 1947

(Date rec'd by registrar)

Elizabeth L. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Frederick-Rural R. F. D. #2

Street No.

Flint Hill

(If outside city or town limits, write RURAL and give nearest town)

Street No.

None

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 21, 1947, at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 6, 1947, to Dec 21, 1947

and that I last saw her alive on Dec 21, 1947

Immediate cause of death

Gastroenteritis

Due to

Due to

Other conditions

Ruptured Appendix

Diabetes Mellitus

(Include pregnancy within 3 months of death)

Major findings or operations

Appendectomy

Tonsillectomy

Date of op. Dec 9, 1947

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. George, M.D.

M. D. or other

Address: Frederick, Md. Date signed: Dec 26, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11215

139

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County **Frederick**
 City or town **State Sanatorium, Maryland**
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since 10/23/47**

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? **Since 10/23/47**

3. (a) FULL NAME

Louise Isaac

4. Sex

Female **White** 5. (a) Color or race **Married**

6. (b) Name of husband **XXXX** **Oliver Isaac**

7. Birth date of deceased (mo., day, yr.) **November 7, 1925** 6. (c) If alive, give age **23** years

8. AGE: Years **22** Months **0** Days **28** If less than one day **hrs. min.**

9. Birthplace **Virginia** (Town, county, and state)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER 12. Name **Garnet Spicer**

13. Birthplace **North Carolina**

14. Maiden name **Catherine Rooks**

15. Birthplace **Virginia**

16. Informant **Deceased**

Address

17. Burial Date thereof **Dec. 8, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery **XXXX, Linthicum Chapel**

Location **Clarksville, Maryland**

18. Funeral director **F. C. Higinbothorn**

Address **Ellicott City, Maryland**

19. **Dec. 8 1947** **Obtain**

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State **Maryland** County **Howard**

City or town **Clarksville** (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 5** 19 **47** at **3:20 P.M.**

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from **October 23** 19 **47** to **Dec. 5** 19 **47** and that I last saw her **alive** on **December 5** 19 **47**

Immediate cause of death **Pulmonary Tuberculosis** DURATION **5 Yrs.**

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

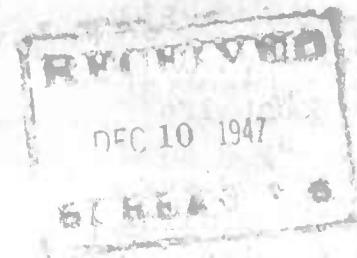
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE **R. B. Breen** M. D. **XXXX**

Address **State Sanatorium, Md.** Date signed **12/8/47**



W
I
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11216

132

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH: *Frederick*
 County: *Brunswick*
 City or town: *Brunswick*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death: *48*
 Hospital, institution, or street address where death occurred: *928 East A. St.*
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: *Maryland* County: *Frederick*
 City or town: *Brunswick*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: *928 East A.*
 (If rural, give LOCATION)

2.(a) If veteran, name war: *—*

3. (a) FULL NAME

Charles Edward Jacobs

3. (b) Social Security Number

4. Sex: *Male* 5. Color or race: *White* 6.(a) Single, married, widowed, or divorced: *Married*

6.(b) Name of husband or wife: *Minnie N. Stubbs*7. Birth date of deceased (mo., day, yr.): *Sept 28 1873* 6.(c) If alive, give age: *57* years8. AGE: *75* Years *2* Months *25* Days If less than one day: *hrs. min.*9. Birthplace: *Maryland* (town, county, and state)10. Usual occupation: *B. O. P. R. Engineer Retired*11. Industry or business: *Manufacturing*12. Name: *William Edward Jacobs*13. Birthplace: *Maryland*14. Maiden name: *Susie Mae Monroe*15. Birthplace: *Maryland*16. Informant: *Mrs. Minnie N. Jacobs*Address: *Brunswick Md.*17. Burial: *Burial* Date thereof: *Dec. 26 1947*
 (Burial, cremation, or removal. Which?)Cemetery or crematory: *Park Heights*Location: *Brunswick Md.*18. Funeral director: *C. H. Gute & Bro*Address: *Brunswick Md.*19. Dec 26 1947 *Kathryn H. Brown* Registrar
 (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH

*Dec 23 1947 at 8:45 A.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *Nov 10 1947* to *Dec 23 1947*and that I last saw him alive on *Dec 19 1947*Immediate cause of death: *Uremia*

DURATION

Due to: *Bright's disease*Due to: *Uremia*Other conditions: *—*

(Include pregnancy within 8 months of death)

Major findings of operations: *—* Date of op. *—*Autopsy results: *—*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: *—* Date of *—*Where did injury occur? *—* (City or town) *—* (County) *—* (State) *—*Injured at home, farm, industry, public place (where?) *—*Means of injury *—* Injured at work? *—*23. SIGNATURE: *C. H. Gute & Bro* M. D. or other *—*Address: *1411 St. Brunswick Md.* Date signed *12-24-47*

RECEIVED

JAN 2 1948

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

11217

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 87 years

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 9 days

3. (a) FULL NAME

Jenison, Mr. Charles C.

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Sarah Margaret Jenison

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age 78 years

8. AGE:

Years Months Days If less than one day

87 8 16

hrs.

min.

9. Birthplace Urbana Free Co. Md.

(Town, county, and state)

10. Usual occupation.

Retired Farmer

11. Industry or business

12. Name Alexander Jenison

13. Birthplace Maryland

14. Maiden name Teresa Harding

15. Birthplace Maryland

16. Informant Charles Jenison

Address Barnesville, Md.

17. Burial Date thereof 12-27-47

(Burial, cremation, or removal, where)

Cemetery or crematory St. Mary's Catholic

Location Barnesville, Md.

18. Funeral director Tom B. Hilton

Address Barnesville, Md.

19. 26 Dec 1947 Elizabeth G. Heck

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Dickerson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 24 1947 at 7:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1947 to Dec. 24 1947

and that I last saw him alive on Dec. 24 1947

Immediate cause of death

Bronchi-Pneumonia

Due to

Due to

Other conditions Atherosclerotic Heart Disease

(Include pregnancy within 3 months of death)

Major findings or operations None

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Quisen, M.D. M. D. or other

Address Frederick, Md. Date signed 12/27/47

RECEIVED

DEC 29 1947

FEDERAL BUREAU OF INVESTIGATION

Evidence for the change of year
of birth is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11218

FILM NO. G 113 DEC 15 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 131

94a

1. PLACE OF DEATH:

County: Frederick

City or town: Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Montevue

How long in hospital or institution? Since March 30, 1942

3. (a) FULL NAME

ANNIE A. KEFAUVER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

F

W

W

6. (b) Name of husband or wife

M. Calvin Kefauver

7. Birth date of deceased (mo., day, yr.)

February 7, 1885 1959

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

89

9

26

hrs. min.

9. Birthplace: Harford County Maryland

(Town, county, and state)

10. Usual occupation:

At Home

11. Industry or business

John H. Rummell

MOTHER FATHER

12. Name

Germany

MOTHER

13. Birthplace

Sarah Holland

FATHER

14. Maiden name

Germany

MOTHER

15. Birthplace

Montevue Records

FATHER

16. Informant

Frederick, Maryland - Rural

Address

17. Burial

Date thereof: 12/6/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Reformed Cemetery

Location

Middletown, Maryland

18. Funeral director

M. R. Etchison & Son

Address

Frederick, Maryland

19. Date rec'd by registrar

19. vi

(Date rec'd by registrar)

Elizabeth J. Hech.
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County: Frederick

City or town: Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 125 West Fourth Street

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 3rd, 1947, 11:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 1, 1946, to Dec. 3, 1947

and that I last saw her alive on Dec. 3, 1947

Immediate cause of death:

Coronary Thrombosis

DURATION

1 hour

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings or operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE:

Bernard Hennas Jr.

M. D.

M. D. or other

Address: Frederick, Maryland Date signed: 12-5-47

85
53
118 6 4

1941
18 85
62



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

11219

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Life
 How long in above place of death? Life
 Hospital, Institution, or street address where death occurred:
 7 Rosemont Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 7 Rosemont Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
 DELLA MAY KUHN

3. (b) Social Security Number
 None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Philip T. Kuhn

7. Birth date of deceased (mo., day, yr.) December 7, 1871 8.(c) If alive, give age 77 years

8. AGE: Years 76 Months 0 Days 1 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER 12. Name George L. Stull
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Hannah Young
 15. Birthplace Frederick County Maryland

16. Informant Philip T. Kuhn

Address 7 Rosemont Ave., Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Mount Olivet Cemetery Date thereof 12/11/47
 (month) (day) (year)

Cemetery or crematory Frederick, Maryland

Location M. R. Etchison and Son

18. Funeral director Frederick, Maryland

Address Elizabeth Heck.

19. 10 Dec 1947 (Date rec'd by registrar) Elizabeth Heck. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 8th 1947 at 9:30P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29 October 1946 to 8 December 1947 and that I last saw her alive on 8 December 1947

Immediate cause of death

Coronary Thrombosis DURATION 1 year

Due to arteriosclerotic heart disease DURATION 3 yrs

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

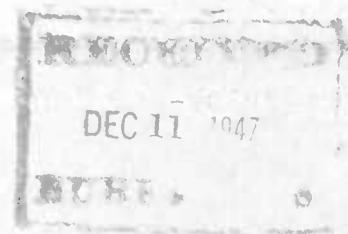
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles S. Corley, Jr. M.D. M.D. or other

Address Frederick, Maryland Date signed 12-10-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11220

CERTIFICATE OF DEATH

181
Reg. Dist. No. 131. PLACE OF DEATH: Frederick
County.....City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 days
Hospital, institution, or street address where death occurred:
Frederick Memorial HospitalHow long in hospital or institution? 4 days3. (a) FULL NAME Mason Lewis4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Not Known 1877
6. (c) If alive, give age..... years8. AGE: Years about 70 Months — Days — If less than one day hrs. — min.9. Birthplace Not Known
(Town, county, and state)10. Usual occupation Labourer11. Industry or business Farm12. Name not Known13. Birthplace Not Known14. Maiden name not Known15. Birthplace Not Known16. Informant Ray GrossmychleAddress Union Bridge, Md.17. Burial (Burial, cremation or removal) prospect Cemetery Date thereof 2/17/47
(month) (day) (year)Cemetery or crematory not any Location not any18. Funeral director W. W. Hartler & SonsUnion Bridge & New Windsor, Md.19. (Date rec'd by registrar) Feb 15 1947

Elizabeth S. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)

State Maryland County FrederickCity or town Union Bridge
(If outside city or town limits, write RURAL and give nearest town)Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number —

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14 1947 at 1 P.M.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

and that I last saw him alive on Dec 14 1947Immediate cause of death 1st, 2nd & 3rd degree burns ofUnion Bridge, Md.Due to Gasoline fireDue to Gasoline fireDuration 4 days

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

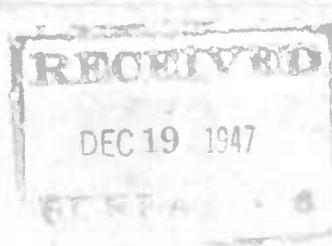
Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Gasoline fire Date of 12/10/47Where did injury occur? Union Bridge, Carroll Co., Md. County Carroll Co. State Md.Injured at home, farm, industry, public place (where?) HomeMeans of injury Gasoline fire Injured at work? Yes23. SIGNATURE R. W. Barr, D. M. D. M. D. or other OtherAddress Frederick, Md. Date signed Dec 14, 1947



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11221

CERTIFICATE OF DEATH

83a
Reg. Dist. No. 132

1. PLACE OF DEATH:

County... *Frederick*City or town... *Middleton*

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? *18 years*

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Jennie Gertrude Lighter

4. Sex

5. Color or race *white*6. (a) Single, married, widowed, or divorced *widowed*

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.)

Dec. 14, 1867

6. (c) If alive, give age..... years

8. AGE:

Years *79* Months *11* Days *27* If less than one day

hrs.

min.

9. Birthplace.....

Middleton, Frederick Co., Md.

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business

Daniel Farmer

FATHER

12. Name.....

Middleton

13. Birthplace.....

Elmira, N.Y.

MOTHER

14. Maiden name.....

Elmira Young

15. Birthplace.....

Middleton, N.Y.

16. Informant.....

Edward Lighter

Address

Middleton, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof. *Dec. 14, 1947*

(month)

(day)

(year)

Cemetery or crematory *Reformed Cemetery*Location *Middleton, Md.*

18. Funeral director.....

*Gladhill Co.*Address *Middleton, Md.*19. Date rec'd by registrar *Dec. 14, 1947*Name *Maria Gladhill*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State *Md.*County *Couly*City or town *Middleton*

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war *ms*

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec 11 1947 at 10:50 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

*Dec 7 1947 to Dec 11 1947*and that I last saw her alive on *Dec 11 1947*

Immediate cause of death

Cerebral Hemorrhage 5 days

Due to.....

DURATION

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J E Harp MD

M. D. or other

Address *Middleton* Date signed *12-12-47*



W
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

50 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

728 North Market Street

How long in hospital or institution?

3. (a) FULL NAME

ELMER EUGENE LONG, SR.

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

Bertha Mae Gerrich

7. Birth date of deceased (mo., day, yr.)

July 23, 1889

6. (c) If alive, give age 52 years

8. AGE:

Years

Months

Days

If less than one day

58

4

15

.hrs. .min.

9. Birthplace: Walkersville-Frederick-Maryland

(Town, county, and state)

Porter

10. Usual occupation

Tivoli Theater

11. Industry or business

John Long

FATHER

12. Name

Frederick County Maryland

MOTHER

13. Birthplace

Nancy Smith

14. Maiden name

Frederick County Maryland

15. Birthplace

Mrs. Bertha Long

16. Informant

Address 728 N. Market St., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Mount Hope Cemetery

Date thereof 12/10/47

(month) (day) (year)

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 9 Dec

1947

Elizabeth G. Heis

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No. 728 North Market Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 8, 1947, at 8:20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec 8, 1947, to Dec 8, 1947, and that I last saw h. m. alive on Dec 8, 1947.

Immediate cause of death

Bronchial Deterioration

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. Etchison

M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-9-47

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DEC 10 1947

STORY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11223

131

Reg. Dist. No.

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution or street address where death occurred:

Frederick Nursing Home 708 N. Market St

How long in hospital or institution?

3. (a) FULL NAME

Hannah Elizabeth Magaha

3. (b) Social Security Number

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Decceased

George William Magaha

Decceased

6. (c) If alive, give age

years

deceased (mo., day, yr.)

June 28 1859

7. Birth date of deceased (mo., day, yr.)

Years

Months

Days

If less than one day

hrs.

min.

8. AGE:

88

5

15

9. Birthplace

Virginia

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Home

12. Name

John William S.

13. Birthplace

Virginia

14. Maiden name

Spring

15. Birthplace

Virginia

16. Informant

Loring Conrad Magaha

Burkittsville Md.

Address

17. Burial

Date thereof Dec 15 1947

(Burial, cremation, or removal? Which?)

(month) (day) (year)

Cemetery or crematory

Baptist

Location

Burkittsville Md.

18. Funeral director

C. H. Gandy Bro

Address

Brunswick Maryland

19. Date rec'd by registrar

14 Dec 1947

(Date rec'd by registrar)

Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Burkittsville

Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 12

1947

at

8 45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 9 1947 to Dec 12 1947

and that I last saw h. in alive on Dec 11 1947

Immediate cause of death

Bronchitis pneumonia

Due to Simplicity and
advance of arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. J. Bruce

M. D. or other

Address

Jefferson Rd

Date signed



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11224

CERTIFICATE OF DEATH

13

Reg. Dist. No. 61

1. PLACE OF DEATH

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 45 Years

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? 4 Days

3. (a) FULL NAME

Marino, Mrs Lucy L.

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Samuel Marino

7. Birth date of deceased (mo. day. yr.) May 2, 1881 6. (c) If alive, give age years

8. AGE: Years Months Days If less than one day 66 7 15 hrs. min.

9. Birthplace Philadelphia, Pennsylvania (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

Peter Lion

12. Name Peter Lion

13. Birthplace Italy

14. Maiden name Catherine Montimore

15. Birthplace Italy

16. Informant Miss Rose Marino

Address Frederick, Md., R. F. D. #2

17. Burial Date thereof December 20, 1947 (Burial, cremation, or removal. When) (month) (day) (year)

Cemetery or crematory St. Johns Cemetery

Location Frederick, Maryland

18. Funeral director C. E. Cline & Son

Address Frederick, Maryland

19. 19 Dec 1947 (Date rec'd by registrar)

Elizabeth L. Heck Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Rural (Frederick)

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 17 1947 at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 15 1947 to Dec. 17 1947

and that I last saw her alive on Dec. 17 1947

Immediate cause of death

Bronch - Pneumonia

DURATION 4 days

Due to

Diphtheria

Due to

S. pneumoniae Heart Disease

(Include pregnancy within 3 months of death)

Major findings or operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

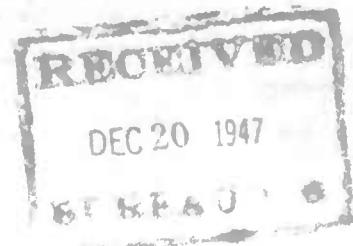
Means of injury

Injured at work?

23. SIGNATURE

A. A. Garrison, M.D. M. D. or other

Address Frederick, Md. Date signed 12/17/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11225

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH: **Frederick**
 County **Thurmont**
 City or town
 (If outside city or town limits, write RURAL and give nearest town) **50 yrs.**
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State **Maryland** County **Frederick**
 City or town **Thurmont**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION) **No**
 2.(a) If veteran, name war.

3. (a) FULL NAME
James William McCarney

4. Sex **Male** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Widowed**

6.(b) Name of husband or wife **Harriette Wilhise**

7. Birth date of deceased (mo., day, yr.) **January 25, 1872** 8. (c) If alive, give age years

8. AGE: Years **75** Months **10** Days **20** If less than one day
 hrs. min.

9. Birthplace **Arnsville, Adams Co., Pa.**
 (Town, county, and state)

10. Usual occupation **Laborer**

11. Industry or business
 12. Name **John McCarney**

13. Birthplace **Penna.**

14. Maiden name **Sarah Oyler**

15. Birthplace **Penna.**

16. Informant **Mrs. Ross Wilhise**

Address **Thurmont, Md.**

17. Burial Date thereof **Dec. 17, 1947**
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory **United Brethren**

Location **Thurmont, Md.**

18. Funeral director **M. L. Creager & Son**

Address **Thurmont, Md.**

19. Date rec'd by registrar **Dec. 17 1947** **Blanche S. Oyler**
 (Date rec'd by registrar) **Registrar**

3. (b) Social Security Number **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 15, 1947** at **8 A.M.**

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from

Dec. 8 1947 to Dec. 15 1947
 and that I last saw him alive on **Dec. 10 1947**

Immediate cause of death

Isomony **Obstruction** **Sudden**

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

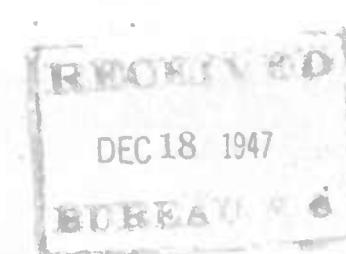
Means of injury

Injured at work?

23. SIGNATURE **J. K. Gray**

M. D. or other

Address **Thurmont, Md.** Date signed **12/16/47**





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

11226

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

516+

CERTIFICATE OF DEATH

Reg. Distr. No. 131

1. PLACE OF DEATH:

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 55 years

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?..... 10 days

3. (a) FULL NAME

Walter Hiram Aubert McDannel

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Nellie Alberta Williams

7. Birth date of deceased (mo., day, yr.)

April 10-1882

6. (c) If alive, give age..... 55 year

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Car Service Agent

11. Industry or business

Rail Road

MOTHER FATHER

Abram S. McDannel

13. Birthplace

Frederick County Maryland

14. Maiden name

Mary Lizzie Aubert

15. Birthplace

Frederick County Maryland

16. Informant

Mrs. Walter H. A. McDannel

Address

241 E. Church St.-Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof..... Dec. 5-1947

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C.E. Cline and Son

Addressee

Frederick, Maryland

19. Date rec'd by registrar

19-47

(Date rec'd by registrar)

Elizabeth G. Tech.

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County..... Frederick

City or town..... Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 241

East Church Street

(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

712-14-2259

MEDICAL CERTIFICATION

2D. DATE OF DEATH

December 3 1947, at 12:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1947-12-5 1947, to Dec 3 1947

and that I last saw him alive on Dec 3 1947

Immediate cause of death

Calcium 7

Due to:

Prostate with

Metastases

DURATION

(Include pregnancy within 8 months of death)

Major findings of operations

Date of Dec 1-47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

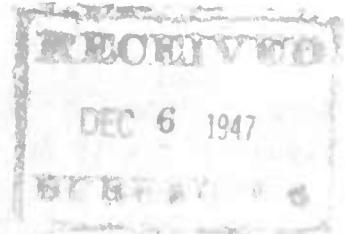
Injured at work?

23. SIGNATURE

E.P. Thomas

M. D. or other

Address: Frederick, Md. Date signed Dec 4-47



Mr E. P. Thomas

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11227

CERTIFICATE OF DEATH

BC Reg. Dist. No. 139

1. PLACE OF DEATH:

County **Frederick**City or town **State Sanatorium, Maryland**

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **Since 10/22/47**

Hospital, institution, or street address where death occurred:

Maryland Tuberculosis SanatoriumHow long in hospital or institution? **Since 10/22/47**

3. (a) FULL NAME

Ollie Mettam

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male**White****Widower**

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.) **December 19, 1881**

8. AGE:

Years **66**Months **0**Days **1**

11 less than one day

hrs.

min.

9. Birthplace

Baltimore, Maryland

(Town, county, and state)

10. Usual occupation

Marker

11. Industry or business

MOTHER FATHER

12. Name **Joseph F. Mettam**

13. Birthplace

Pikesville, Maryland

14. Maiden name

Julia Funick

15. Birthplace

Cambridge, Maryland

16. Informant

Deceased

Address

Burial

(Burial, cremation, or removal. Which?)

Date thereof **Dec. 23, 1947**

(month) (day) (year)

Cemetery or crematory

Dund Ridge Cem.

Location

Baltimore, Md.**Harry F. Witzyke**

18. Funeral director

M. L. Greagor & Son

Address

4101 Edmondson Ave. Balt.

Thurmont, Maryland

19. **Dec. 20 1947**

(Date rec'd by registrar)

11. **Dr. S. B. Lyon**

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

9-15-15M

VS A15

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State **Maryland**

County

City or town **Baltimore**

(If outside city or town limits, write RURAL and give nearest town)

Street No. **1601 Rosedale St.**

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number
217-01-0933

MEDICAL CERTIFICATION

20. DATE OF DEATH **December 20** 19 **47** at **4:40 A.M.**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **October 22** 19 **47** to **Dec. 20** 19 **47**and that I last saw him alive on **December 20** 19 **47**

Immediate cause of death

Pulmonary Tuberculosis

DURATION

8 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results **As above**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Meane of injury

Injured at work?

23. SIGNATURE **R. B. Beebe**M. D. **XXXX**Address **State Sanatorium, Md.** Date signed **12/20/47**



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11228

CERTIFICATE OF DEATH

93d
Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
County.....
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, Institution, or street address where death occurred: 13 Hamilton Avenue
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland County..... Frederick
City or town..... Frederick (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No. Shookstown
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3. (a) FULL NAME
Mrs. Alice Malinda Miss

3. (b) Social Security Number
None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or..... Martin Luther Miss

7. Birth date of deceased (mo., day, yr.) May 30-1864
6.(c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
83 6 27 hrs. min.

9. Birthplace..... Frederick County Maryland
(Town, county, and state)

10. Usual occupation..... Housekeeper

11. Industry or business..... Ernest P. Kline
12. Name.....

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Catherine M. Measell

15. Birthplace..... Frederick County Maryland

16. Informant..... Ira V. Miss

Address..... 13 Hamilton Avenue-Frederick, Md.
17. Burial (Burial, cremation, or removal, where?) Date thereof Dec. 30-1947
(month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery
Location..... Frederick, Maryland

18. Funeral director..... C. E. Cline and Son

Address..... Frederick, Maryland

19. 29-Dec-1947 Elizabeth L. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 27th 1947, at 11:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 22, 1947, to Dec. 27, 1947
and that I last saw her alive on Dec. 27, 1947

Immediate cause of death..... Chronic Impaired Circulation

Duration..... 2 yrs. +

Due to..... Hemorrhage

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

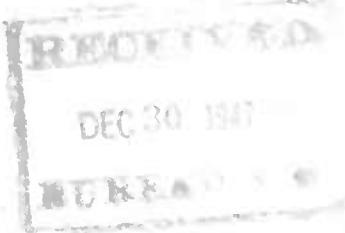
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Manner of injury..... Injured at work?

23. SIGNATURE..... B. L. Thomas
Address..... Frederick, Md. M. D. or other.....

Date signed..... 12/29/47



Mr. B. A. Stearns Jr.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11229

CERTIFICATE OF DEATH

45d X

137

Reg. Dist. No.

1. PLACE OF DEATH: Frederick
County.....
Libertytown
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Life

How long in above place of death?.....
Hospital, institution, or street address where death occurred:.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
Maryland County.....
Frederick
Libertytown
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war.....

3. (a) FULL NAME
HARRY T. MONSHAUR

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married
Nellie C. Monshaur		
6.(b) Name of husband or wife.....		
7. Birth date of deceased (mo., day, yr.)		
Oct. 15, 1883		
8. AGE: Years Months Days If less than one day		
64 2 11 hrs. min.		
Frederick Co. Maryland		
8. Birthplace..... (Town, county, and state)		
10. Usual occupation..... Mail Carrier		
11. Industry or business..... retired		
12. Name..... William O. Monshaur		
13. Birthplace..... Maryland		
14. Maiden name..... Mary E. Waltz		
15. Birthplace..... Maryland		
16. Informant..... Mrs. Nellie C. Monshaur		
Address..... Libertytown, Md.		
17. Burial..... (Burial, cremation, or removal. Which?)		
Date thereof..... 12-29-47 (month) (day) (year)		
Cemetery or cemetery..... Central		
Location..... Frederick Co. Maryland		
18. Funeral director..... C.M. Waltz		
Address..... Winfield, Md.		
19. (Date rec'd by registrar) 12-29 1947 Signature _____		

MEDICAL CERTIFICATION

20. DATE OF DEATH.....
Dec. 26, 1947, at 7A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
580-25- to 9-47
and that I last saw h. im. alive on Dec. 25, 1947

Immediate cause of death.....
Carcinoma of Lower
Left Jaw

Due to.....
10 mos.

Due to.....
Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.

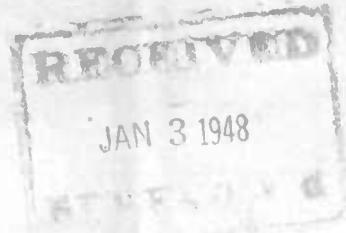
Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of.....
Where did injury occur?..... (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....
Otis B. Stone M.D.
Address.....
Libertytown, Md. M. D. or other
Date signed Dec. 26 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11230

93e

CERTIFICATE OF DEATH

151

Reg. Dist. No.

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution?..... 2 Weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State: Maryland County: Frederick

City or town: Knoxville-Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Petersville
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME

ADA C. MORRISON

4. Sex: F | 5. Color or race: C | 6. (a) Single, married, widowed, or divorced: W

6.(b) Name of husband or wife: Lewis E. Morrison

7. Birth date of deceased (mo., day, yr.): Unknown

6.(c) If alive, give age: years

8. AGE: Years: unk. ? Months: Days: If less than one day: hrs: min:

B. Birthplace: Jefferson-Frederick-Maryland
(Town, county, and state)

10. Usual occupation: At Home

11. Industry or business:

William Brooks

12. Name: Frederick County Maryland

13. Birthplace: Catherine House

14. Maiden name: Frederick County Maryland

16. Informant: Mrs. Charles Jackson

Address: Knoxville, Md. - Rural

17. Burial: Date thereof: 12/6/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: A. M. E. Cemetery

Location: Petersville, Maryland

18. Funeral director: M. R. Etchison and Son

Address: Frederick, Maryland

19. 5 Dec 1947
(Date rec'd by registrar)Elizabeth B. Heek
Registrar

3. (b) Social Security Number: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 3 1947 at 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 18 1947 to Dec 3 1947 and that I last saw her alive on Dec 3 1947.

Immediate cause of death:

Myocardial decompression 2 days

Due to:

Infection of
colloid cystic goiter

DURATION

2 weeks

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide: _____ Date of: _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

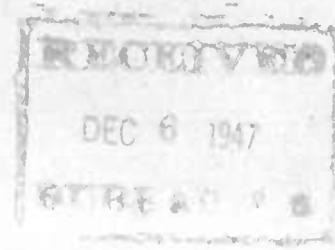
Injured at home, farm, industry, public place (where?)

Means of injury:

Injured at work? _____

23. SIGNATURES:

Dr. Leibach Bruce
M. D. or other
Address: Jefferson, Md. Date signed: 12/3/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

11231

131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

Frederick

County

Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

VIRGIE MONTROSE MOWRY

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

S

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) March 8, 1865

6. (c) If alive, give age years

8. AGE: Years 82 Months 9 Days 5 If less than one day hrs. min.

9. Birthplace Bedford, Pennsylvania

(Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name John A. Mowry

13. Birthplace Bedford, Pennsylvania

14. Maiden name Eliza V. Sigafoose

15. Birthplace Ohio

16. Informant Mrs. Edward D. Shriner

Address R.F.D.#1, Frederick, Md.

17. Burial (Burial, cremation, or removal, where) Date thereof 12/16/47

(month) (day) (year)

Cemetery or Crematory Bedford Cemetery

Location Bedford, Pennsylvania

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 15 Dec 1947
(Date rec'd by registrar)Elizabeth S. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Frederick

City Frederick-Rural R. F. D. #1

(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Frederick

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 13, 1947 at 2:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 10 1947 to Dec 13 1947

and that I last saw her alive on Oct. 13 1947

Immediate cause of death

Anemia, coronary thrombosis 3 days

Due to

Anemia, coronary thrombosis

Other conditions

(Include pregnancy within 8 months of death)

Major findings at operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

G. A. Ossar, M. D.

M. D. or other

Address Frederick, Maryland

Date signed 12-15-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11232

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, Institution, or street address where death occurred:

Frederick City HospitalHow long in hospital or institution? 4 days

3. (a) FULL NAME

Henry Howard

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MaleWhiteMarried

6. (b) Name of husband or wife

Nancy C. Murch

7. Birth date of deceased (mo., day, yr.)

August 22, 1876

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

71

4

3

hrs. min.

9. Birthplace

Mt. Lebanon Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Stone cutter

11. Industry or business

Marble Company

MOTHER FATHER

12. Name

Abraham Murch

13. Birthplace

Wash. Co. Md.

14. Maiden name

Elizabeth Ann Wetty

15. Birthplace

Wash. Co. Md.

16. Informant

Mrs. Nancy C. Murch

Address

15-W. South St. Frederick Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof Dec. 28, 1947
(month) (day) (year)

Cemetery or crematory

Mt. Lebanon Cemetery

Location

Mt. Lebanon Md.15-W. South St. Frederick Md.

18. Funeral director

Address

Boone's L. Md.

19. Date rec'd by registrar

26 Dec 1947Elizabeth G. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick City

(If outside city or town limits, write RURAL and give nearest town)

Street No. 15-W. South Street

(If rural, give LOCATION)

2.(a) If veteran, name war

No.

3. (b) Social Security Number

214-09-9467A

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25 1947 at 3 40 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 23 1947 to December 25 1947 and that I last saw h. in alive on December 25 1947

Immediate cause of death

Bronchopneumonia -Coronary thrombosis

Due to

DURATION

3 days4 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Quarre, M.D.

M. D. or other

Address Frederick, Md. Date signed 12/25/47

RECEIVED

DEC 30 1947

BTNSA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

11233

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

9 weeks

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

9 weeks

3. (a) FULL NAME

GERTRUDE E. MULLINIX

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

White

Widowed

6. (b) Name of husband or wife

deceased

Francis E. Mullinix

7. Birth date of deceased (mo. day, yr.)

Oct. 22, 1866

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

(Town, county, and state)

Howard Co. Maryland

10. Usual occupation

None

11. Industry or business

Charles Smith

MOTHER FATHER

Maryland

12. Name

Sarah A. Becroft

13. Birthplace

Maryland

14. Maiden name

Maryland

15. Birthplace

Mrs. William Murray

16. Informant

Mt. Airy, Md.

Address

Burial

Date thereof 12-14-47

(Burial, cremation, or removal, when?)

(month) (day) (year)

Cemetery or crematory

Howard Chapel

Location

Long Corner, Howard Co. Md.

18. Funeral director

C. M. Waltz

Address

Winfield, Md.

19. Date rec'd by registrar

19. 47

(Date rec'd by registrar)

Elizabeth L. Hatch

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Frederick

County

Mt. Airy

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

MEDICAL CERTIFICATION

2D. DATE OF DEATH

December 11 1947 at 2:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 8 1947 to Dec. 11 1947

and that I last saw her alive on December 11 1947

Immediate cause of death

Cerebral Hemorrhage

Due to

Bronchopneumonia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, Industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. A. Pearce M.D.

M. D. or other

Address

Frederick, Md.

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11234

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

Frederick
County
Thurmont

(If outside city or town limits, write RURAL and give nearest town)

29 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lenore Blanche Nicodemus.

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female White Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) December 5, 1876

6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day
71 II 27 hrs. min.

9. Birthplace Frederick Co., Md.

(Town, county, and state)

10. Usual occupation

Housework

11. Industry or business

12. Name Morgan Myers Nicodemus

13. Birthplace Frederick County, Md.

14. Maiden name Ellen Jeanette Thomas

15. Birthplace Frederick Co., Md

16. Informant Miss Mabel Nicodemus

Address Thurmont, Md.

17. Burial Date thereof Dec. 4, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Linganore Cemetery

Location Unionville, Md.

18. Funeral director M. L. Creager & Son

Address Thurmont, Md.

19. Dec. 4 1947 Blanche Eyles
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Frederick

State

Thurmont

(If outside city or town limits, write RURAL and give nearest town)

Carroll St.,

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1947 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

October 10 1947 to December 2 1947

and that I last saw her alive on December 1 1947

Immediate cause of death

Cerebral hemorrhage

Due to Hypertension

Due to Atherosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

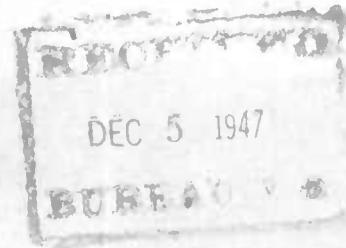
Injured at work?

23. SIGNATURE

M. Franklin Birch M.D.

M. D. or other

Address Thurmont, Md. Date signed 12/3/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11235

CERTIFICATE OF DEATH

932
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since September, 1946

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since December 3, 1947

3. (a) FULL NAME

HERMAN WILLIAM ORDEMAN

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Clara Elizabeth Bowers

7. Birth date of deceased (mo., day, yr.) July 31, 1888 6. (c) If alive, give age 59 years

8. AGE: Years 59 Months 5 Days 0 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Daniel T. Ordeman

13. Birthplace Frederick County Maryland

14. Maiden name Edith Best

15. Birthplace Frederick County Maryland

16. Informant Mrs. Herman W. Ordeman

Address Frederick, Maryland

17. Burial Date thereof 1/3/48
(Burial, cremation, or removal, when?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Date record by registrar 1948

Elizabeth G. Hale
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 104 Clarke Place
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1947, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 1, 1947, to Dec 31, 1947

and that I last saw him alive on Dec 31, 1947

Immediate cause of death:

Gout, Coronary Thrombosis
Due to:

Due to:

Other conditions Hypertension, heart disease
(Include pregnancy within 3 months of death)Major findings of operations None
Date of op.:

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of:

Where did injury occur? (City or town) (County) (State)

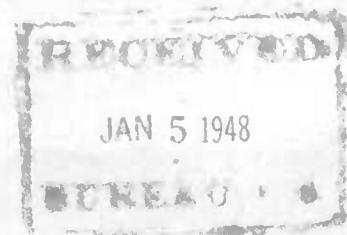
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Gare, M.D.

M. D. or other

Address Frederick, Md. Date signed 12/31/47



I

9-45154

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11236

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County Frederick
 City or town Myersville Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Myersville Rural
(If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Sarah Jane Palmer
 4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife.

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 7, 1947

8. AGE: Years 1 Months 20 Days If less than one day hrs. min.

9. Birthplace Myersville Frederick Co., Md.
(Town, county, and state)

10. Usual occupation.

11. Industry or business

12. Name Glenn H. Palmer
 MOTHER FATHER 13. Birthplace Bronxboro, Md.

14. Maiden name Anna May Bliese
 15. Birthplace Middleton, Md.

16. Informant Glenn H. Palmer
 Address Myersville, Md.

17. Burial Burial Date thereof Dec. 27, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery El B. Cemetery
 Location Myersville, Md.

18. Funeral director Gladhill Co.
 Address Middletown, Md.

19. Dec. 27, 1947 Date rec'd by registrar Edgar Bittle
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 26, 1947 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec. 3, 1947 to Dec. 26, 1947and that I last saw her alive on Dec. 24, 1947

Immediate cause of death

Brachial pneumonia. 3 days.

Due to

Due to

Other conditions Pertussis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

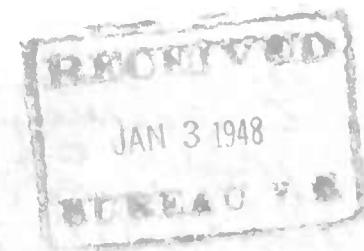
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date ofWhere did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?23. SIGNATURE J.S. Harp Mid M. D. or otherAddress Midletown Date signed Dec. 26, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11237

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County. Frederick

City or town. Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution? Since December 30, 1947

3. (a) FULL NAME

JOSEPH WILLIAM REESE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	C	M

6. (b) Name of husband or wife..... Margaret Molesworth

7. Birth date of deceased (mo., day, yr.) October 1, 1872

6. (c) If alive, give age 63 years

8. AGE: Years 75 Months 2 Days 30 If less than one day hrs. min.

9. Birthplace Columbus, Georgia
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Unknown

MOTHER FATHER 12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Mrs. Margaret Reese
Address 20 E. 6th St., Frederick, Md.

17. Burial Date thereof 1/3/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. Date rec'd by registrar 1948
(Date received by registrar) 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 20 East Sixth Street
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1947, at 1:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 30, 1947, to December 31, 1947, and that I last saw him alive on December 31, 1947.

Immediate cause of death Coronary Thrombosis

Due to Arteriosclerotic heart disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

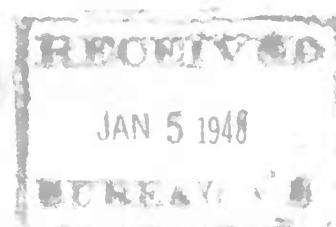
Means of injury Injured at work?

23. SIGNATURE A. A. Gearre, M.D.

M. D. or other

Address Frederick, Md. Date signed 12/31/47

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11238

131

CERTIFICATE OF DEATH

932
Reg. Dist. No.

1. PLACE OF DEATH:
County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?..... Lifetime
Hospital, institution, or street address where death occurred:
..... Home for the Aged
How long in hospital or institution?..... 21 Months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. 115 Record Street
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3. (a) FULL NAME
IDA NAOMI REINHART

4. Sex	5. Color or race	6.(a) Single, married, widowed or divorced
Female	White	Single

6.(b) Name of husband or wife.....
6.(c) If alive, give age..... years

7. Birth date of deceased (mo. day, yr.)..... August 22, 1868

8. AGE: Years	Months	Days	It less than one day
79	3	23 hrs. min.

9. Birthplace..... Ijamsville, Frederick Co., Maryland
(Town, county, and state)

10. Usual occupation..... Retired School Teacher

11. Industry or business

12. Name	Andrew H. Reinhart
13. Birthplace	Frederick County, Maryland

14. Maiden name	Maria Plain
15. Birthplace	Frederick County, Maryland

16. Informant..... Records at the Home for the Aged
Address..... Frederick, Maryland

17. Burial..... Date thereof December 17, 1947
(Burial, cremation or removal, when?)
Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland
18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. (Date rec'd by registrar)..... 17 Dec 1947
(Date rec'd by registrar)..... 17 Dec 1947

Registrar

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 15th, 1947, at 9:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 10th, 1947, to December 15, 1947, and that I last saw her alive on December 15th, 1947.

Immediate cause of death..... Chronic myocarditis

Due to..... Arteriosclerosis

Due to.....

Other conditions.....

..... (Include pregnancy within 3 months of death)

Major findings or operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?.....

23. SIGNATURE..... C. H. Conley M. D. *C. H. Conley* M. D. *C. H. Conley*

Address..... Frederick, Maryland Date signed..... 12/17/47

RECORDED

DEC 19 1947

CERTIFICATE OF DEATH

11239
139

Reg. Diat. No.

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: **Frederick**
County.....
City or town..... **State Sanatorium, Maryland**
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? **Since 8/27/47**
Hospital, Institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? **Since 8/27/47**

2. **USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County
City or town Baltimore (If outside city or town limits, write RURAL and give nearest town)
Street No. 726 S. Milton Ave. (If rural, give LOCATION)

2.(a) veteran, name war ✓

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Male	5. Color or race White	6.(a) Single, married, widowed, or divorced Married		
6.(b) Name of husband wife Josephine Rembis				
7. Birth date of deceased (mo., day, yr.)		6.(c) If alive, give age 49 years July 10, 1898		
8. AGE:	Years 49	Months 5	Days 5	If less than one day hrs. min.

MEDICAL CERTIFICATION					
20. DATE OF DEATH	December 15		19.	47	1:45 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from					
August 27	19.	47	10	Dec. 15	19. 47
and that I last saw him alive on December 15 19. 47					
Immediate cause of death.					
DURATION					
16 Mos.					

9. Birthplace..... **Baltimore, Maryland**
(Town, county, and state)
10. Usual occupation..... **Freighter**

11. Industry or business _____

Other conditions. **Diabetes Mellitus** 24 Mos.

MOTHER 14. Maiden name Tillie Dull
15. Birthplace Little Poland

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

16. Informant Deceased

Autopsy results.....

Address **Burial** Date thereof **Dec. 19, 1947**
17. (Burial, cremation, or removal. Which?) (month) (day) (year)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

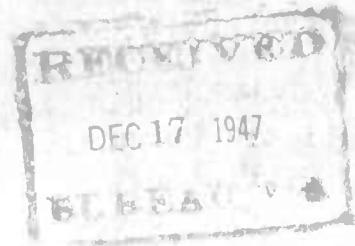
Cemetery or crematory..... St. Stanislaus Cemetery
Location Baltimore, Maryland

Where did Injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)

18. Funeral director Fred Ozazewski
Address 1930 Eastern Ave., Baltimore, Md.

19. Dec. 16 19. 47. *SD ayin* Registr.

23. SIGNATURE..... M. D. *[Signature]*
Address..... State Sanatorium, Md. Date signed 12/16/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct size is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11240

CERTIFICATE OF DEATH

122 b
131
Reg. Dist. No.

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)
Life

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

GRACE LAMPE RHOADS

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

M

6. (b) Name of husband or wife

G. Oscar Rhoads

7. Birth date of deceased (mo. day, yr.)

October 22, 1873

8. (c) If alive, give age

74

years

8. AGE: Years

74

Months

2

Days

9

It less than one day

hrs.

min.

9. Birthplace

Frederick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

At Home

11. Industry or business

MOTHER FATHER

Christian L. C. Lampe

Germany

12. Name

Germany

13. Birthplace

Germany

14. Maiden name

Germany

15. Birthplace

Germany

16. Informant

G. Oscar Rhoads

Address

13 E. 2nd St., Frederick, Md.

Burial

Date thereof 1/3/48

(Burial, cremation, or removal, Where?)

(month) (day) (year)

Cemetery or

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. Date rec'd by registrar

1948

Elizabeth G. H. Tech

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)
13 East Second Street

Street No.

(If rural, give LOCATION)
None

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 31, 1947, at 6:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 28 1947 to Dec 31 1947

and that I last saw her alive on Dec 28 1947

Immediate cause of death

Acute Supp. of the heart

Due to

Due to

Other conditions

Major findings or operations

Date of op. Dec 29-47

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

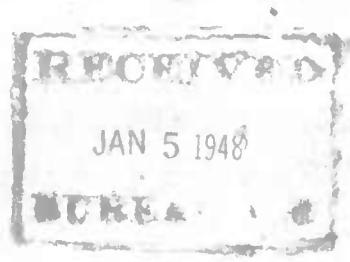
Injured at work?

23. SIGNATURE

E.P. Thomas

M. D. or other

Address Frederick, Maryland Date signed 1-2-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11241

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Lifetime

How long in above place of death?

Hospital, institution, or street address where death occurred:

117 West Patrick Street

How long in hospital or institution?

3. (a) FULL NAME

MISS LUCY MAY SCHAEFER

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Single

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 4, 1890

8. AGE:

Years

Months

Days

If less than one day

57

5

4

hrs.

min.

9. Birthplace

Frederick, Maryland

(Town, county, and state)

10. Usual occupation

Floor Manager

11. Industry or business

Dept. Store

12. Name

Henry Schaefer

13. Birthplace

Frederick Co., Md.

14. Maiden name

Rosetta Bruchey

15. Birthplace

Frederick Co., Md.

16. Informant

Mrs. Samuel L. Eopley

Address

117 W. Patrick St., Frederick, Md.

17. Burial

Date thereof December 12, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

C. E. Cline & Son

Address

Frederick, Maryland

19. 9 Dec

1947

Elizabeth H. Heck

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 117 West Patrick Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

214-10-5008

MEDICAL CERTIFICATION

20. DATE OF DEATH December 9th

1947 at 1:00A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1940 to Dec. 9 1947

and that I last saw her alive on Dec. 8

1947

Immediate cause of death

Carcinomatous

DURATION

?

Due to

Primary site-Kidney?

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Howard W. C. M. D.

M. D. or other

Address Frederick, Md. Date signed 12-9-47

RECEIVED

DEC 10 1947

STANLEY F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11242

CERTIFICATE OF DEATH

Reg. Dist. No. 132

92a

1. PLACE OF DEATH:
County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Annie M. Shank4. Sex female 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Elmer H. Shank7. Birth date of deceased (mo. day. yr.) Oct. 7, 1868 6. (c) If alive, give age 70 years8. AGE: Years 79 Months 1 Days 26 It less than one day hrs. min.9. Birthplace Middletown, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business Peter Leatheman12. Name Peter Leatheman
MOTHER FATHER13. Birthplace Middletown14. Maiden name Julia Bowles
15. Birthplace Middletown16. Informant Austin L. MainAddress Middletown Md.17. Burial Burial Date thereof Dec. 6, 1947
(Burial, cremation, or removal. Which?)Cemetery or crematory Lutheran CemeteryLocation Middletown Md.18. Funeral director Gladhill Co.Address Middletown, Md.19. Date rec'd by registrar Dec 6 1947 Name Marie Gladhill
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Middletown
(If outside city or town limits, write RURAL and give nearest town)Street No. no
(If rural, give LOCATION)2.(a) If veteran, name war no

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 3 1947 at 10 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1945 to Dec 3 1947 and that I last saw her alive on Dec 3 1947

Immediate cause of death

Cerebral Hemorrhage 4 weeks
DURATION

Due to

Due to

Chr. valvular heart disease 8 yrsOther conditions valvular disease
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

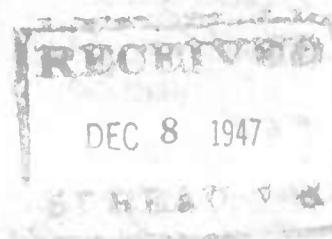
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? now (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work? _____

23. SIGNATURE J. E. Harp MD M. D. or otherAddress Middletown Date signed 12-4-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11243

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

EDWARD CLARENCE SHEPHERD, JR.

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Lulu Landis

7. Birth date of deceased (mo., day, yr.) January 24, 1876 6.(c) If alive, give age 70 years

8. AGE: Years 71 Months 11 Days 4 If less than one day hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER Edward C. Shepherd, Sr.
12. Name Shepherdstown, W. Va.
13. Birthplace

MOTHER Amelia A. Shock
14. Maiden name Relay, Maryland
15. Birthplace

16. Informant Mrs. Lulu L. Shepherd
Address 104 W. 3rd St., Frederick, Md.

17. Burial Mount Olivet Cemetery
(Burial, cremation, or removal, where?) 12/30/47
(month) (day) (year)

Cemetery or crematory Frederick, Maryland
Location

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. 29 Dec 1947
(Date rec'd by registrar) Elizabeth Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 104 West Third Street
(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH December 28, 1947 at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec. 26 1947 to Dec. 28 1947
and that I last saw him alive on Dec. 28 1947

Immediate cause of death

Acute Coronary Thrombosis DURATION 2 days

Due to

Due to

Other conditions Myocardium heart

Disease (Include pregnancy within 3 months of death)

Major findings or operations None Date of op.

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

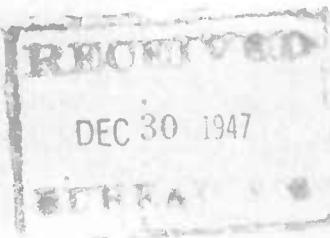
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. Pearce M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-29-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11244

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH

Frederick

County

State Sanatorium

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? since 9/12/47

Hospital, Institution, or street address where death occurred:

Maryland Tuberculosis Sanatorium

How long in hospital or institution? since 9/12/47

3. (a) FULL NAME

Mary Marguerite Smith

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Paul Smith

6. (c) If alive, give age 31 years

7. Birth date of deceased (mo. day. yr.)

8. AGE: Years 26 Months 3 Days 25 It less than one day hrs. min.

9. Birthplace New Market, Md.

(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

- -

12. Name George W. Bell

13. Birthplace Frederick Co. Md.

14. Maiden name Carrie Long

15. Birthplace Fredrick Co. Md.

16. Informant Husband & Mother

Address Legore, Frederick Co. Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Dec. 27, 1947
(month) (day) (year)

Cemetery or crematory

Rocky Hill

Location

Woodstock, Md.

18. Funeral director

Powell & Hartley

Address

Woodstock, Md.

19. Date rec'd by registrar

12/25/47

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town Legore

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH December 25, 1947, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 12, 1947, to Dec. 25, 1947.

and that I last saw her alive on December 24, 1947.

Immediate cause of death

Miliary Tuberculosis

DURATION

6 mos

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

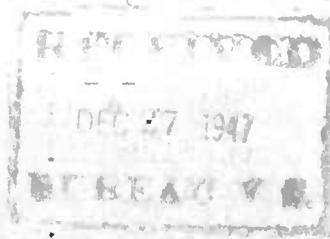
Means of injury

Injured at work?

23. SIGNATURE R. W. Bell

M. D. *DR. R. W. BELL*

Address State Sanatorium, Md. Date signed 12/25/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11245
932

CERTIFICATE OF DEATH

131

Reg. Dist. No.

1. PLACE OF DEATH:
County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
How long in hospital or institution? Since November 27, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick-Rural R. F. D. #2
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Urbana
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

WILLIAM FRANCIS SPEER, SR.

3. (b) Social Security Number
None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Ida Callister

7. Birth date of deceased (mo., day, yr.) March 6, 1864 6.(c) If alive, give age years

8. AGE: Year 82 Months 8 Days 26 If less than one day hrs. min.

9. Birthplace Newark, New Jersey
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER Zenis Speer
12. Name Vaness

MOTHER Newark, New Jersey
13. Birthplace (first name unknown)

14. Maiden name Vaness
15. Birthplace Newark, New Jersey

16. Informant George A. Speer
Address R. F. D. #2, Frederick, Md.

17. Removal Removal Date thereof 12/3/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Belle Plaine, Iowa
Location Belle Plaine, Iowa

18. Funeral director M. R. Etchison and Son
Address Frederick, Maryland

19. Date rec'd by registrar 3 Dec 1947
(Date rec'd by registrar) Elizabeth H. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1947 at 2:10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 29 May 1947 to Dec. 2 1947

and that I last saw him alive on December 2 1947

Immediate cause of death

Myocardial failure

Due to Arteriosclerotic
heart disease

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles N. Conley M. D.
or other

Address Frederick, Maryland Date signed 12-2-47

RECEIVED

DEC 4 1947

ST. LOUIS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

11246

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 yearsHospital, Institution, or street address where death occurred: Home for the AgedHow long in hospital or Institution? 6 years

3. (a) FULL NAME

Mrs Irene Luisa Staley

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

female white widowedB. (b) Name of husband or wife Charles B. Staley (dead)6. (c) If alive, give age years7. Birth date of deceased (mo., day, yr.) Aug. 31, 18738. AGE: Years 74 Months 3 Days 2 If less than one day hrs. min.9. Birthplace Unionville, Carroll, Md. (Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Hamilton Linden13. Birthplace Unionville, Md.14. Maiden name Susan A. Barnes15. Birthplace Lak Orchard, Md.16. Informant Records left by deceasedAddress 54 E. Patrick St17. Burial Date thereof 12/4/47 (Burial, cremation, or removal, which?) (Month) (day) (year)Cemetery or place St. JohnsLocation Frederick, Md.18. Funeral director Harry C. Early Co.Address Frederick, Md.19. Date record by registrar 2 Dec 1947 (Date record by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County FrederickCity or town Frederick (If outside city or town limits, write RURAL and give nearest town)Street No. 115 Record St (If rural, give LOCATION)2.(a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2d 19 47, at 5A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

November 22, 19 47, to Dec. 2d, 19 47

and that I last saw her alive on November 30th, 19 47

Immediate cause of death

Cerebral accident

DURATION

6 daysDue to cardiovascular renal disease

long period of years

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. H. Conley M. D. Frederick, Maryland Date signed 12/2/47

RECEIVED TO INFORMATION DIVISION

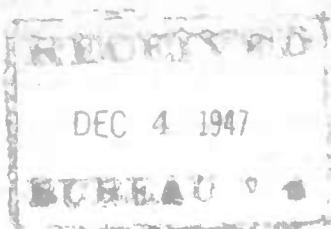
RECORDED AND INDEXED

RECORDED TO STAFF ATTACHED

RECORDED TO FILE 2

RECORDED TO INFORMATION DIVISION

RECORDED TO INFORMATION



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11247

CERTIFICATE OF DEATH

Reg. Dist. No. 131

VS A15 9-45-15
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Frederick
County
City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 44 Years
Hospital, institution, or street address where death occurred: Near Yellow Springs
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Yellow Springs
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (a) FULL NAME: REVERDY THOMAS STALEY

4. Sex: M Color or race: W (e) Single, married, widowed, or divorced: M
6. (b) Name of husband or wife: Addie E. Smith
7. Birth date of deceased (mo., day, yr.): February 8, 1872
6. (c) If alive, give age: 74 years
8. AGE: Years: 75 Months: 9 Days: 23 If less than one day: .hrs. .min.
8. Birthplace: Charlesville-Frederick-Maryland
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Own Farm
12. Name of Father: Cornelius Staley
13. Birthplace: Frederick County Maryland
14. Maiden name: Mary Measel
15. Birthplace: Frederick County Maryland
16. Informant: Carl C. Staley
Address: Frederick, Maryland
17. Burial: Date thereof: 12/4/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or cemetery: Mount Olivet Cemetery
Location: Frederick, Maryland
18. Funeral director: M. R. Etchison and Son
Address: Frederick, Maryland
19. Date rec'd by registrar: 3 Dec 1947
(Date rec'd by registrar)

3. (b) Social Security Number: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 1st, 1947, at 4:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 25, 1947, to Dec. 1, 1947, and that I last saw him alive on Dec. 1, 1947. Immediate cause of death: Cerebral hemorrhage DURATION: 7 days.
Due to: Arterio sclerosis 10 years.

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. M. Smith M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 12-2-47

RECEIVED

DEC 4 1947

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

11248

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Buckeystown

City or town

(If outside city or town limits, write RURAL and give nearest town)

35 Years

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

JAMES PHILIP STALLING

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

M

6. (b) Name of husband or wife

Nora Cecil

7. Birth date of deceased (mo., day, yr.)

October 5, 1872

8. (c) If alive, give age

55

years

8. AGE:

Years

Months

Days

If less than one day

75

2

8

hrs.

min.

9. Birthplace

Poolesville-Montgomery-Maryland

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Richard S. Stalling

FATHER

12. Name

Montgomery County Maryland

MOTHER

13. Birthplace

Ellen N. Reed

14. Maiden name

Montgomery County Maryland

15. Birthplace

Mrs. Nora Stalling

16. Informant

Buckeystown, Maryland

Address

Burial

Date thereof 12/16/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 15-Dec 1947

(Date rec'd by registrar)

Elizabeth G. Heek

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Frederick

City or town

Buckeystown

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

December 13, 1947 at 3:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 1947 to Dec. 15, 1947

and that I last saw him alive on December 11, 1947

Immediate cause of death

Cardiac Arrest 20hr

Due to

Hypertension Cardiac - 7

Due to

Hypertension Cardiac - 7

Other conditions

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

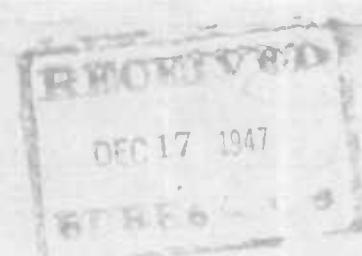
Injured at work?

23. SIGNATURE

Howard W. Heek, M. D.

M. D. or other

Address Frederick, Maryland Date signed 12-15-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11249

9400
Reg. Dlat. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County..... Frederick

City or town..... Rural - W. of Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... Lifetime

Hospital, institution, or street address where death occurred:..... Residence Shookstown Road

How long in hospital or institution?.....

3. (a) FULL NAME

E. CECIL STINE

4. Sex..... Male 5. Color or race..... White 6. (a) Single, married, widowed, or divorced..... Married

6. (b) Name of Husband or wife..... Alma L. Lare Stine

7. Birth date of deceased (mo. day. yr.)..... April 23-1900 6. (c) If alive, give age..... 45 years

8. AGE: Years..... 47 Months..... 8 Days..... 5 If less than one day..... hrs. min.

9. Birthplace..... Frederick County Maryland
(Town, county, and state)

10. Usual occupation..... Toolmaker and Machinist

11. Industry or business..... Magnetic Devices

12. Name..... George Elmer Stine

13. Birthplace..... Frederick County Maryland

14. Maiden name..... Ada M. Routzhan

15. Birthplace..... Frederick County Maryland

16. Informant..... Mrs. E. Cecil Stine

Address..... Shookstown Rd. - W. of Frederick, Md.

17. Entombment..... Date thereof..... Dec. 31-47
(Burial, reburial, or removal. Which?) (month) (day) (year)

Cemetery or columbarium..... Frederick Memorial Cloister

Location..... West of Frederick, Maryland

18. Funeral director..... C.E. Cline and Son

Address..... Frederick, Maryland

19. Date rec'd by registrar..... 29-Dec-1947
(Date rec'd by registrar) *Elizabeth H. Heek* Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State..... Maryland County..... FrederickCity or town..... Rural - W. of Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No..... Shookstown Road
(If rural, give LOCATION)

2.(a) If veteran, name war..... None

3. (b) Social Security Number

214-10-1698

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 28th 1947 at 11:55 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

dead 19. to 19. and that I last saw h. 17. alive on 28 19. 19. 19.

Immediate cause of death..... *Coronary occlusion*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

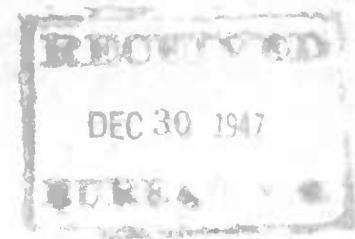
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... *P. W. Baw* *Deputy Med. Ck.*

M. D. or other.....

Address..... Frederick, Md. Date signed 12-2-1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11250

CERTIFICATE OF DEATH

167
Reg. Dist. No. 134

1. PLACE OF DEATH:

County **Frederick**
City or town **Rural, Lantz Maryland**
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? **1 year 10 month 10 days**

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Willis Ray Swisher

4. Sex m	5. Color or race white	6. (a) Single, married, widowed, or divorced single
-----------------	-------------------------------	--

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) **January 27, 1946**8. AGE: Years **1** Months **10** Days **10** If less than one day
hrs. _____ min. _____9. Birthplace **Frederick Co., Md.**
(Town, county, and state)10. Usual occupation. **---**

11. Industry or business

FATHER	12. Name Scott W. Swisher
	13. Birthplace Franklin Co., Pa.

MOTHER	14. Maiden name Mildred V. Emory
	15. Birthplace Adams Co., Pa.

18. Informant **Scott W. Swisher**
Address **Lantz Maryland**17. Burial Date thereof **Dec 9, 1947**
(Burial, cremation, or removal. Which?) **(month) (day) (year)**Cemetery or crematory **Fairfield Union Cemetery**
Location **Fairfield, Penna.**18. Funeral director **S. L. Allison**
Address **Fairfield, Pa.**19. **Dec 8 1947** **M. T. Shantz**
(Date rec'd by registrar) **Registrar**

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State **Maryland** County **Frederick**
City or town **Rural**
(If outside city or town limits, write RURAL and give nearest town)
Street No. **Lantz Md.**
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

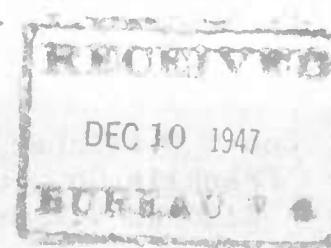
MEDICAL CERTIFICATION

20. DATE OF DEATH **Dec 7, 1947** at **11 P.M.**21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Dec 5, 1947** to **Dec 7, 1947**and that I last saw him live on **Dec 7, 1947**Immediacause of death **Pneumonia, Bronchial**DURATION **1 day.**Due to **---**Due to **---**Other conditions **asthmatic attack****with convulsions.**
(Include pregnancy within 8 months of death)Major findings of operations **---**Date of op. **---**Autopsy results **---**

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. **---** Date of **---**Where did injury occur? **---** (City or town) **---** (County) **---** (State)Injured at home, farm, industry, public place (where?) **---**Means of injury **---** Injured at work? **---**23. SIGNATURE **Ira M. Anderson M.D.**M. D. or other **---**Address **Fairfield, Pa.** Date signed **Dec 8 1947**



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11251

CERTIFICATE OF DEATH

940
Reg. Dist. No. 131

1. PLACE OF DEATH:

Frederick

County

Frederick

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Since December 4, 1947

Hospital, institution, or street address where death occurred:

Hotel Frederick

How long in hospital or institution?.....

3. (a) FULL NAME

GEORGE HENRY THOMAS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

S

6. (b) Name of husband or wife.....

6. (c) If alive, give age years

7. Birth date of deceased (mo. day. yr.)

July 15, 1887

8. AGE: Years

60

Months

4

Days

19

If less than one day

hrs.

min.

9. Birthplace

Nr. Brunswick-Frederick-Maryland

(Town, county, and state)

10. Usual occupation

Electrical Contractor

11. Industry or business

MOTHER FATHER

Alphius Thomas

MOTHER FATHER

12. Name

Frederick County Maryland

13. Birthplace

Catherine Crum

14. Maiden name

15. Birthplace

Frederick County Maryland

16. Informant

Miss Susie Thomas

Address

Jefferson, Maryland

17. Burial

Date thereof.....

12/7/47

(Burial, cremation, or removal, where)

(month) (day) (year)

Cemetery or crematory

Mount Olivet Cemetery

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 5

Dec.

19.47

(Date rec'd by registrar)

Elizabeth Etchison
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Frederick

City or town Jefferson

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Dec 4

1947

at 8:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.

to

and that I last saw h. 17 dead on December 4th 1947

Immediate cause of death

Coronary occlusion

DURATION

Respiratory

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury

Injured at work?

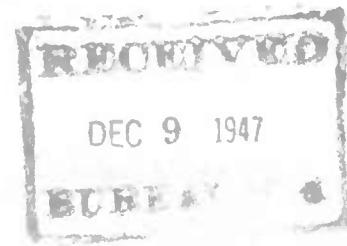
23. SIGNATURE.....

P. W. Barr

Frederick, Md

M. D. or other

Address..... Date signed 12.4.47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

95 c

11252

131

Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County: Frederick
City or town: Adamstown

(If outside city or town limits, write RURAL and give nearest town)

35 Years

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

WILLIAM RICHARD TITUS

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	W	M

6. (b) Name of husband or wife: Nellie Scarff

7. Birth date of deceased (m., day, yr.) September 10, 1875

8. AGE: Years	Months	Days	If less than one day
72	3	18	hrs. min.

9. Birthplace: Nr. Dickerson-Montgomery- Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business:

12. Name	Burr T. Titus
13. Birthplace	Loudoun County Virginia

14. Maiden name	Martha V. Houser
15. Birthplace	Loudoun County Virginia

16. Informant	Mrs. William R. Titus
Address	Adamstown, Maryland

17. Burial	Date thereof	12/30/47	
(Burial, cremation, or removal, which?)	(month)	(day)	(year)

Cemetery or crematory	Union Cemetery
Location	Leesburg, Virginia

18. Funeral director	M. R. Etchison and Son
Address	Frederick, Maryland

19. Date rec'd by registrar	1947	Elizabeth G. Heeley
		Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Frederick

City or town: Adamstown
(If outside city or town limits, write RURAL and give nearest town)Street No. (If rural, give LOCATION)
2.(a) If veteran, name war: None

3. (b) Social Security Number: None

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28, 1947, 5:30A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. in alive on Dec. 27, 1947

Immediate cause of death: Acute cardiac decompensation

DURATION

7 days

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

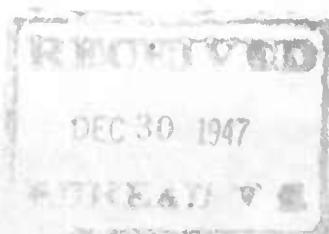
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: B. O. Hansen M. D.
M. D. or other
Address: Frederick, Maryland Date signed: 12-29-47



W
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11253

qua
Reg. Dist. No. 131

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred: Frederick Memorial Hospital
How long in hospital or institution? 3 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Frederick
City or town..... Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No..... 119 Record Street
(If rural, give LOCATION)
2.(a) If veteran, name war..... None

3. (a) FULL NAME

MARY ESTHER HOWARD TULL

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

8. (b) Name of husband or wife.....
7. Birth date of deceased (mo. day, yr.) April 6, 1902
..... 8. (c) If alive, give age..... years

8. AGE: Years Months Days If less than one day
45 8 8 hrs. min.

9. Birthplace..... Frederick, Maryland
(Town, county, and state) Society
10. Usual occupation..... Columnist-Feature Writer & Editor

11. Industry or business..... Newspaper

12. Name..... Wesley S. Tull

13. Birthplace..... Princess Anne, Md.

14. Maiden name..... Eleanor Howard

15. Birthplace..... Frederick, Maryland

16. Informant..... Mrs. Wesley S. Tull

Address..... 119 Record St., Frederick, Md.

17. Burial (Burial, cremation, or removal, where?) Date thereof..... December 16, 1947
(month) (day) (year)

Cemetery or crematory..... Mount Olivet Cemetery

Location..... Frederick, Maryland

18. Funeral director..... C. E. Cline & Son

Address..... Frederick, Maryland

19. 16-Dec-1947 Elizabeth G. Hock
(Date rec'd by registrar) Registrar

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH..... December 14th 1947 at 12:20 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 10 1947 to Dec 14 1947 and that I last saw her alive on Dec 14 1947 Immediate cause of death:

Duration.....
Cause of death..... Coronary occlusion
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings of operations.....
Date of op.....

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

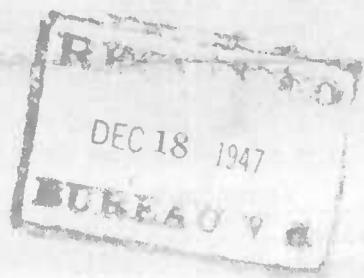
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Ed. Thomas
M. D. or other

Address..... Frederick, Md. Date signed Dec 15-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11254

CERTIFICATE OF DEATH

94a
Reg. Distr. No. 147

1. PLACE OF DEATH:

County..... Frederick

City or town..... Mt. Airy -

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 19 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Louis Eli Unglesbee

3. (b) Social Security Number

none

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

widower

6. (b) Name of husband or wife..... Eda Kate

deceased

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Sept. 7, 1857

8. AGE:

90

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace..... Frederick County - Maryland

(Town, county, and state)

10. Usual occupation.....

retired

11. Industry or business.....

farming

12. Name.....

Geo Washington Unglesbee

13. Birthplace.....

Maryland

14. Maiden name.....

Catherine Heim

15. Birthplace.....

Maryland

16. Informant.....

Mrs. Charles Stooper

Address

Mt. Airy - Md.

17. Burial.....

Date thereof... 12-13-47

(Burial, cremation, or removal, which?)

(month) (day) (year)

Cemetery or crematory.....

Mt. Olivet

Location.....

Frederick, Maryland

18. Funeral director.....

R. M. Waltz

Address

Winfield, Md

19. Dec. 12 19. 77 (Date rec'd by registrar)

C. A. Rankles

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland

County.....

Frederick

City or town..... Mount Airy

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

2D. DATE OF DEATH.....

December 10, 1947, at 6:15 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to.....

19.....

and that I last saw him alive on Dec. 10,

1947

Immediate cause of death.....

Coronary Thrombosis

DURATION

1 da.

Due to.....

Due to.....

Other conditions.....

Chr. Hypertension
Arterio - Sclerosis? yrs
? yrs

(Include pregnancy within 6 months of death)

Major findings of operations.....

none

Date of op.

Autopsy results.....

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

J. Stanley Grubill, M.D.

M. D. or other

Address.....

Mt. Airy, Md

Date signed.....

12/10/47

RECEIVED

DEC 15 1947

EX-368

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death clearly and legibly. It is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11255

5164

131

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

3. (a) FULL NAME

Joshua Dorsey Wayfield

4. Sex

M

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Mary Dorsey6. (c) If alive, give age 7 years

7. Birth date of deceased (mo., day, yr.)

Oct. 21, 1878

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>1</u>	<u>11</u>	<u>hrs.</u>
			<u>min.</u>

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

Thomas O. Wayfield

FATHER

12. Name

Thomas O. Wayfield

MOTHER

13. Birthplace

Md.

14. Maiden name

Laura Dorsey

15. Birthplace

Md.

16. Informant

Mrs. Mary Wayfield

Address

Woodbine, Md.

17. Burial

(Burial, cremation, or removal, when?)

Date thereof Dec. 11, 1947

(month) (day) (year)

Cemetery or crematory

Oak Grove Cemetery

Location

Glenwood, Harford Co., Md.

18. Funeral director

C. M. Watts

Address

Winfield, Md.

19. Date rec'd by registrar

Dec. 3, 1947

(Date rec'd by registrar)

Elizabeth S. Heck

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.County HowardCity or town Lisbon

(If outside city or town limits, write RURAL and give nearest town)

Street No. Woodbine P.O.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH December 2, 1947, at 9 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

24 Oct 1947 to 2 Dec 1947and that I last saw him alive on 2 Dec 1947Immediate cause of death Pulmonary hemorrhageDue to metastatic carcinoma of prostateDue to carcinoma of prostateOther conditions Bunches chronic

(Include pregnancy within 3 months of death)

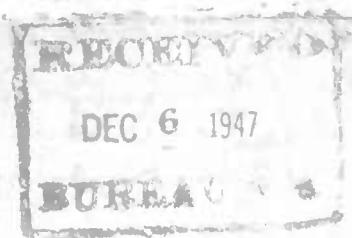
Major findings of operations Ca. of prostateDate of op. 2 yrs ago

Autopsy results

PHYSICIAN: Please indicate the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of Where did injury occur? (City or town) (County) (State)Injured at home, farm, Industry, public place (where?) Means of injury Injured at work? 23. SIGNATURE Che Raudot M. D. or other MDAddress Damascus, Md. Date signed 2 Dec 47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11256

94a

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City or town Frederick-Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Near High Knob

How long in hospital or institution?

3. (a) FULL NAME

LUTHER CHARLES WELTY

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

M

W

W

6. (b) Name of husband or wife

Florence Dusing

6. (c) If alive, give age..... years

7. Birth date of deceased (mo. day. yr.)

August 6, 1874

8. AGE:

Years
73Months
4Days
7

If less than one day

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Retired Blacksmith

11. Industry or business

William Welty

MOTHER FATHER

12. Name

Frederick County Maryland

13. Birthplace

Margaret Fogle

14. Maiden name

Frederick County Maryland

15. Birthplace

Mrs. C. S. Rhine

16. Informant

Keymar, Maryland

Address

17. Burial

Date thereof 12/16/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Mount Olivet Cemetery

Cemetery or crematory

Location

Frederick, Maryland

18. Funeral director

M. R. Etchison and Son

Address

Frederick, Maryland

19. 15 Dec 1947
(Date rec'd by registrar)Elizabeth G. Heck
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 138 East Fifth Street

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec 13

1947 at 3:57 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

and that I last saw him alive on Dec 13 1947

Immediate cause of death

Coronary or cardiac

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

A. W. Barr Property med. ex.

Address Frederick, Md Date signed 12/13/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11257

50+

CERTIFICATE OF DEATH

Reg. Dist. No.

134

1. PLACE OF DEATH:

Fredrick

County

Emmitsburg, Md.

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mary Amelia Welty

4. Sex

Fm

5. Color or race

white

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

James E. Welty

7. Birth date of deceased (mo., day, yr.)

November 30 1898

6. (c) If alive, give age

54 year

8. AGE:

Years	Months	Days	If less than one day
49	00	2	hrs. min.

9. Birthplace

Carroll Co., Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER FATHER	12. Name	Bernard J. Hobbs
	13. Birthplace	Frederick Co., Md.

14. Maiden name

Dora E. Harner

15. Birthplace

Adams Co., Pa.

16. Informant

James E. Welty

Address

Emmitsburg, Md.

17. Burial

Date thereof December 6, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Keysville Cemetery

Location

Keysville, Md.

18. Funeral director

A. L. Allison

Address

Emmitsburg, Md.

19. (Date rec'd by registrar)

Dec 5, 1947

(Date rec'd by registrar)

M. F. Shuff
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Frederick

City or town

Emmitsburg, Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

FM

20. DATE OF DEATH

Dec 3

1947 at 10:50

21. I CERTIFY that death occurred on the date above stated: then attended deceased from

S Jan 45 to Dec 3 1947

and that I last saw her alive on Dec 3 1947

Immediate cause of death

carcinoma of breast
with metastases to
both lungs

DURATION

Due to

18 mo

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

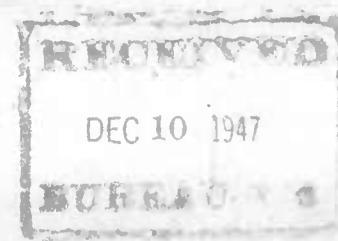
Injured at work?

23. SIGNATURE

W. R. Odell 210

M. D. or other

Emmitsburg, Md. Date signed 12-5-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11258

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
 County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
18 Years
 How long in above place of death?
 Hospital, Institution, or street address where death occurred:
331 East Third Street
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 331 East Third Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME
ALICE IRENE ZITTEL
 4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced S
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.) July 31, 1858 6.(c) If alive, give age.....years
 8. AGE: Years 89 Months 4 Days 24 If less than one day
 hrs. min.
 9. Birthplace Bolivar-Frederick-Maryland
 (Town, county, and state)
 10. Usual occupation At Home
 11. Industry or business
 MOTHER FATHER Horatio Zittle
 12. Name Frederick County Maryland
 13. Birthplace Charlotte Toms
 MOTHER Frederick County Maryland
 14. Maiden name Frederick County Maryland
 15. Birthplace Mrs. William E. Darner
 16. Informant 331 E. 3rd St., Frederick, Md.
 Address
 17. Burial Lutheran Cemetery Date thereof 12/29/47
 (Burial, cremation, or removal) (month) (day) (year)
 Cemetery or cemetery Middletown, Maryland
 Location
 18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland
 19. 27-Dec-1947 (Date rec'd by registrar) Elizabeth G. Heck (Signature)
 Registrar

3. (b) Social Security Number None
 MEDICAL CERTIFICATION
 20. DATE OF DEATH December 25, 1947 at 9 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 14 1947 to Dec 25 1947 and that I last saw her alive on Dec 25 1947
 Immediate cause of death Chronic nephritis DURATION 28 yrs.
 Due to.....
 Due to.....
 Other conditions Fracture right femur
 (Include pregnancy within 3 months of death)
 Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.
 22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Accident Date of Nov 14 1947
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, Industry, public place (where?) Her bedroom
 Means of injury Tram Injured at work? 1-23-4 Baby
 Fall from chair M. D.
 23. SIGNATURE M. D. M. D. or other
 Address Frederick, Maryland Date signed 12-27-47

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DEC 29 1947

STREGA